

- **For audio conferencing please dial in on your phone**
- Conference – 1-866-827-9736
- Passcode – 1506170#
- Questions during the presentation should be sent to **ALL PANELISTS** using the Q&A panel on your screen

# **The Montana Access to Health Web Portal:**



## Getting Started

- [www.mtmedicaid.org](http://www.mtmedicaid.org)
- Log into Montana Access to Health
- Complete EDI enrollment
- Welcome packet

# Getting Registered

- EDI Provider Enrollment Form
- EDI Trading Partner Agreement (PDF)
- Electronic Billing Agreement
- Complete and fax in



Department of Health and Human Services - Medicaid - Internet Explorer

http://medicaidprovider.hhs.mt.gov/providerpages/electronicbilling.shtml

File Edit View Favorites Tools Help


Share Browser WebEx

Department of Health and Human Services - Medicaid

Early and Periodic Screening, Diagnosis and Treatment

Electronic Billing

Electronic Billing Companion Guides

 Electronic Health Records Incentives

Emergency Services

FAQs

Forms

Medicaid Fraud and Abuse

Medicaid Information

Medicaid News

National Provider Identifier

Nurse First

Passport to Health

Provider Locator Search

Provider Newsletters

Resources by Provider Type

Site Map

Team Care

Training

Upcoming Events

Web Links

**STEP 1:** Click on the "EDI Enrollment" link below or download the following enrollment application forms. Complete and submit these forms to the address/fax number listed on the enrollment form.

EDI Submitter Enrollment Packet for X12 Transactions

- [EDI Submitter Enrollment Form Instructions](#)
- [EDI Submitter Enrollment Form](#)
- [EDI Trading Partner Agreement](#)
- [EDI Trading Partner/Business Associate Agreement](#)

EDI Provider Enrollment Packet for X12 Transactions

- [EDI Provider Enrollment Form Instructions](#)
- [EDI Provider Enrollment Form](#)
- [EDI Trading Partner Agreement](#)
- [EDI Trading Partner/Business Associate Agreement](#)

If you are a new electronic submitter in the State of Montana, an electronic billing agreement (EBA) form may be required before submitting electronic transactions.

- [Electronic Billing Agreement \(EBA\)](#)

Use the following electronic additional provider spreadsheet if you are submitting on behalf of more than 25 providers. Please call the ACS EDI Gateway Support Unit at (800) 987-6719 for instructions on how to submit this spreadsheet with your enrollment forms.

start

Inbox - Microsoft ...

3 Windows Expl...

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OmniTrack

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Web Portal.ppt

Internet

150%

12:39 PM





- Log In
- Web Registration
- Provider Enrollment
- Provider Portal
- Virtual Pavilion
- EDI
- Provider Locator

**Welcome to Montana Access to Health Web Portal!**

Montana Access to Health Web Portal provides the tools and resources to help healthcare providers conduct business electronically. If you have already registered to use the Montana Access to Health Web Portal, Log In below. If you have already completed a Montana Enrollment Form, but have not yet registered to use the Montana Access to Health Web Portal, click the [Web Registration](#) button on the left side of this page to begin. If you are a new provider or have not already completed a Montana Enrollment Form, visit [Provider Enrollment](#) for step-by-step instructions.

**Log In**

Enter your User ID and Password and click 'Log In.' If you do not have a User ID and Password, contact your Office Administrator.

User ID:  Password:

[Forgot Your Password?](#)

Many documents available through the Montana Access to Health Web Portal are in PDF format. In order to view them, [Adobe Acrobat Reader](#) must be installed on your machine. If it is not, download this program by clicking on the link above.



Montana's Official State Website

DEPARTMENT OF PUBLIC HEALTH &amp; HUMAN SERVICES

Montana Access to Health Web Portal

[Help](#)

Log In

Web Registration

Provider Enrollment

Provider Web  
Portal Home

Virtual Pavilion

EDI

Provider Locator

## Web Portal Registration

### Step One - Verification Set Up Process

\* denotes required field(s)

Montana Access to Health Web Portal requires registration for use of its secure functions. Step one is a verification process and step two is the creation/selection of the first Office Administrator (OA) for your organization. This OA will be responsible for managing users within your organization.

If you anticipate managing more than one Provider Number, enter the Submitter ID in both the Provider Number and Submitter ID fields. Otherwise, enter your Provider Number in the Provider Number field. Then fill in the other required fields and click 'Continue.' This information will be used for verification purposes only.

**Note : If you are a healthcare provider and you are not managing more than one NPI or Provider Number, only your NPI will be accepted in the 'NPI or Provider Number' field.**

\* NPI or Provider Number:

\* EIN/SSN:

\* Submitter ID\*\*:

\* Submitter Password:

Continue

Clear Fields



- Log In
- Web Registration
- Provider Enrollment
- Provider Web Portal Home
- Virtual Pavilion
- EDI
- Provider Locator

## Web Portal Registration

### Step One - Verification Set Up Process

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**Note : If you are a healthcare provider and you are not managing more than one NPI or Provider Number, only your NPI will be accepted in the 'NPI or Provider Number' field.**

* NPI or Provider Number:	<input type="text" value="7779999"/>	* EIN/SSN:	<input type="text" value="123456789"/>
* Submitter ID**:	<input type="text" value="7779999"/>	* Submitter Password:	<input type="password" value="••••••••"/>

Continue

Clear Fields

\*\* Submitter ID is the Trading Partner ID



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Montana Access to Health Web Portal

[Help](#)

## Web Portal Registration

### Step One Continued - Confirm Profile

If this is you, click 'Continue.' If this is not you, click 'Re-enter Information.' If any information is incorrect, contact Provider Services to update it at 1-800-624-3958.

Organization: MONTANA TEST      Provider Number: 7779999  
EIN: 123456789      Submitter ID: 7779999  
Address: PO BOX 12345  
ANYTOWN, MT 59601

Continue

Cancel

Re-enter Information

For assistance, visit [Help](#) or contact the Montana Access to Health Web Portal Help Center at 1-800-624-3958.

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## Web Portal Registration

### Step One Continued - Add Additional Submitter IDs

The following list displays the Submitter IDs\* added to your Montana Access to Health Web Portal organization profile. Only Submitter IDs in your Montana Access to Health Web Portal profile will be used to reference transactions. If additional Submitter IDs need to be entered, enter a Submitter ID and Password and click 'Add.' Repeat as necessary. When the list below represents all of your Submitter IDs, click 'Continue.'

\* denotes required field(s)

\* Submitter ID:  \* Submitter Password:

#### Verified Submitter IDs

7779999

\* Submitter ID is the Trading Partner ID

For assistance, visit [Help](#) or contact the Montana Access to Health Web Portal Help Center at 1-800-624-3958.

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Address https://mtaccesstohealth.acs-shc.com/mt/general/addSubmitterContinue.do



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Links &gt;&gt;

[Help](#)

## Web Portal Registration

### Step Two - Create Your First Office Administrator

You must now create your first Office Administrator (OA) by creating a new user or assigning this privilege to an existing user.

An OA will have the authority to create/edit/delete the portal users within your office staff. Every organization must have at least one OA at any given time. If your sole OA is no longer a member of your staff, you must contact the Montana Access to Health Web Portal Help Center at 1-800-624-3958 and have them assign you another OA. It is recommended you make yourself the first OA of your organization.

Select one of the following options:

[Create a new user to be your first Office Administrator.](#)



[Assign an existing user to be your first Office Administrator.](#)

Cancel

For assistance, visit [Help](#) or contact the Montana Access to Health Web Portal Help Center at 1-800-624-3958.

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## Web Portal Registration

### Step Two Continued - Create A New User As Your First Office Administrator

Enter the information below to create your first Office Administrator (OA) and click 'Continue.'

Follow the rule below for creating a unique User ID for the first OA in your organization. It is recommended that you create a User ID that can be easily remembered by you and your OA. If the User ID already exists in the Montana Access to Health Web Portal, you will be prompted to create a different User ID.

- A User ID must have a minimum of 6 and a maximum of 14 characters.

\* denotes required field(s)

\* User ID:

\* Last Name:

\* First Name:

\* E-mail:

\* Confirm E-mail:

\* Phone Number:  (i.e. #####)

For assistance, visit [Help](#) or contact the Montana Access to Health Web Portal Help Center at 1-800-624-3958.

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## Web Portal Registration

### Step Two Continued - Confirm Your First Office Administrator

Confirm the information entered for your Office Administrator. If there is an error, click 'Re-enter Information.' If everything is correct, click 'Submit.'

User ID: bbunny  
Last Name: bunny  
First Name: big  
E-mail: big.bunny@acs-inc.com  
Phone Number: 4065551111

For assistance, visit [Help](#) or contact the Montana Access to Health Web Portal Help Center at 1-800-624-3958.  
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[Help](#)

## Web Registration Completed

Thank you...

You have successfully registered for Montana Access to Health Web Portal.

Your Office Administrator (OA) contact information is displayed below. [Print a copy](#) for your records. For best results, choose a landscape paper orientation from the print dialog box that appears.

User ID: bbunny  
Last Name: bunny  
First Name: big  
E-mail: big.bunny@acs-inc.com  
Phone Number: 4065551111

The Security Privileges only allow this user to perform Office Administrator functions. They do not allow a user to perform any other functions (X12 Uploads, X12 Downloads, and View Client Eligibility). If this OA needs the ability to access other areas of the system, log in and navigate to Update or Remove User. Grant access to the appropriate functions. The new Security Privileges take effect the next time the user logs in. If there is a need to access the new system functions immediately, the user needs to log out and then log back in after successfully submitting the changes.

If your first OA is a new user, an e-mail was sent to him/her with a single use password (which must be changed upon logging in for the first time). If the e-mail address listed above is incorrect, call the Montana Access to Health Web Portal Help Center at 1-800-624-3958 to edit this information and send you a new password. If your first OA is a previously existing user, his/her current password is applicable.

In order to set up other office staff for your organization, your OA should log in from the home page and go to Manage Users.

[Home](#)

# Update User Privileges

- Office Administrator
- Add or Remove privileges
- Update user information



Montana's Official State Website



DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Montana Access to Health Web Portal

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[HOME](#) [INQUIRIES](#) [SUBMISSIONS](#) [RETRIEVALS](#) [MANAGE USERS](#) [MY ACCESS](#)

MT DPHHS

## Montana Access to Health Web Portal Home Page

Navigate to any of the functions in the Web portal by clicking the following links or by using the top navigation bar. For information about each function, click the corresponding column header. Click on 'My Profile,' located in the 'My Access' section, to display your current Montana Access to Health Web Portal profile. You will be able to perform only those tasks allowed by the user privileges assigned to you.

### Site Contents

Inquiries	Submissions	Retrievals	Manage Users	My Access
<a href="#">Eligibility</a>	<a href="#">Upload Files</a>	<a href="#">View/Download Files</a>	<a href="#">Add New User to Organization</a>	<a href="#">My Profile</a>
<a href="#">Claim Status</a>		<a href="#">View e!SOR Reports</a>	<a href="#">Add Existing User to Organization</a>	<a href="#">Change Organization</a>
<a href="#">Provider Payment Summary</a>		<a href="#">My Inbox</a>	<a href="#">Update or Remove Users/Reset Password</a>	<a href="#">Change Password</a>
<a href="#">Claims-based Medical History</a>			<a href="#">Manage Submitter IDs</a>	<a href="#">Manage Proxies</a>
<a href="#">Electronic Health Record</a>				
<a href="#">Ask Provider Relations</a>				
<a href="#">Provider Locator</a>				

**ATTENTION PROVIDERS:** The Electronic Health Record link has been added to allow you to view your patients' claims medical history. If you need this access and do not have it, please contact your office administrator. E-prescribing is now available. Please contact your office administrator to add prescribing rights to your user account.

You've logged into the organization displayed under the navigation bar on the right. This organization will be used to determine the Provider Number and Submitter IDs you can use for your transactions (i.e., Inquiries, Submissions and Retrievals). To change this organization, click 'Change Organization' and follow the instructions.

## Update or Remove Users - Search

Correct the following errors and continue.

- Your request does not match a user in the system. Check your information and try again.

To update or remove a user from your organization, first search for the existing user. You may reset a user's password from the 'Update User' page. Search for users by following the guidelines below and then clicking 'Search':

- Enter partial information followed by an asterisk (\*) to submit a wildcard search.
- Leave all fields blank to search for all users associated with your organization.

User ID:  Last Name:  First Name:

Search

Clear Fields



## Montana Access to Health Web Portal

[Exit](#) | [Help](#)[Home](#) > [Update or Remove Users - Search](#) > Update or Remove Users

Portal Administration

## Update or Remove Users

Click the 'User ID' link to update that user's profile or reset his/her password. To remove one or more users, select the associated checkbox(es) and click 'Remove Users.'

### User List \*

Organization	NPI or Provider Number	Last Name	First Name	User ID	Role	Remove
MT DPHHS	1110928	Bunny	Big	<a href="#">bbunny</a>	OA	<input type="checkbox"/>

[Remove User\(s\)](#)







# Checking Eligibility on the Web Portal

Is this person eligible?  
How will I know?



# What you can expect to see

- **Monthly date spans**
- **One day authorization**
- **Advantages**
  - If client has TPL
  - If client has a Passport provider
  - If client has full or basic coverage
  - Other types of coverage information
    - QMB
    - SLMB
    - Medicare
    - HMK
    - PRTF



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Montana Access to Health Web Portal

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HOME INQUIRIES SUBMISSIONS RETRIEVALS MANAGE USERS MY ACCESS

MT DPHHS

## Montana Access to Health Web Portal Home Page

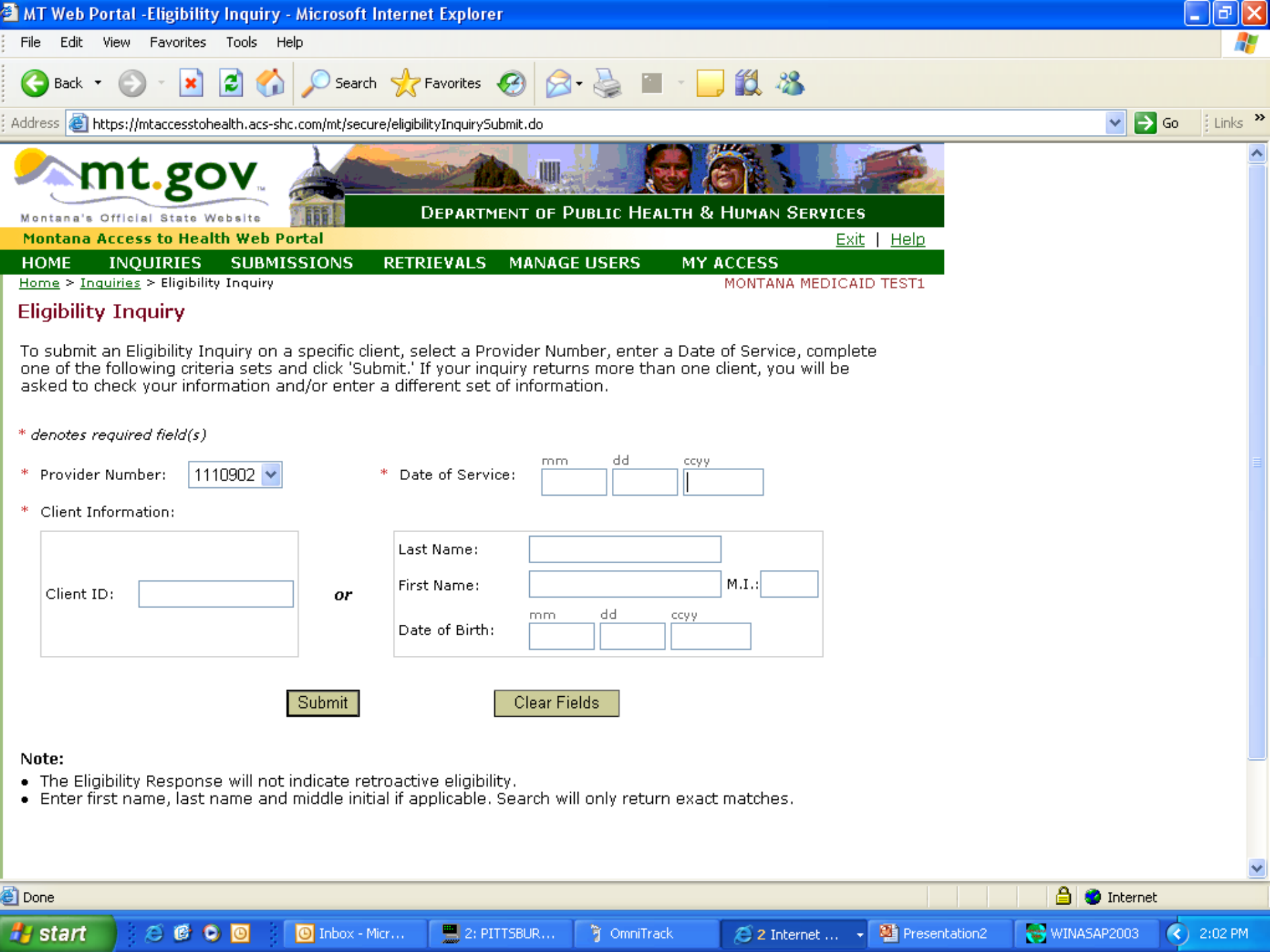
Navigate to any of the functions in the Web portal by clicking the following links or by using the top navigation bar. For information about each function, click the corresponding column header. Click on 'My Profile,' located in the 'My Access' section, to display your current Montana Access to Health Web Portal profile. You will be able to perform only those tasks allowed by the user privileges assigned to you.

### Site Contents

Inquiries	Submissions	Retrievals	Manage Users	My Access
<a href="#">Eligibility</a>	<a href="#">Upload Files</a>	<a href="#">View/Download Files</a>	<a href="#">Add New User to Organization</a>	<a href="#">My Profile</a>
<a href="#">Claim Status</a>		<a href="#">View e!SOR Reports</a>	<a href="#">Add Existing User to Organization</a>	<a href="#">Change Organization</a>
<a href="#">Prescription Summary</a>		<a href="#">My Inbox</a>	<a href="#">Update or Remove Users/Reset Password</a>	<a href="#">Change Password</a>
<a href="#">Claims and Medical History</a>			<a href="#">Manage Submitter IDs</a>	<a href="#">Manage Proxies</a>
<a href="#">Electronic Health Record</a>				
<a href="#">Ask Provider Relations</a>				
<a href="#">Provider Locator</a>				

**ATTENTION PROVIDERS:** The Electronic Health Record link has been added to allow you to view your patients' claims medical history. If you need this access and do not have it, please contact your office administrator. E-prescribing is now available. Please contact your office administrator to add prescribing rights to your user account.

You've logged into the organization displayed under the navigation bar on the right. This organization will be used to determine the Provider Number and Submitter IDs you can use for your transactions (i.e., Inquiries, Submissions and Retrievals). To change this organization, click 'Change Organization' and follow the instructions.



Montana Access to Health Web Portal [Exit](#) | [Help](#)

HOME INQUIRIES SUBMISSIONS RETRIEVALS MANAGE USERS MY ACCESS

[Home](#) > [Inquiries](#) > Eligibility Inquiry MONTANA MEDICAID TEST1

## Eligibility Inquiry

To submit an Eligibility Inquiry on a specific client, select a Provider Number, enter a Date of Service, complete one of the following criteria sets and click 'Submit.' If your inquiry returns more than one client, you will be asked to check your information and/or enter a different set of information.

\* denotes required field(s)

\* Provider Number:

\* Date of Service:

\* Client Information:

Client ID:

or

Last Name:

First Name:  M.I.:

Date of Birth:

**Note:**

- The Eligibility Response will not indicate retroactive eligibility.
- Enter first name, last name and middle initial if applicable. Search will only return exact matches.



Address <https://mtaccesstohealth.acs-shc.com/mt/secure/eligibilityInquiry.do>

Go

Links &gt;&gt;



Montana Access to Health Web Portal


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MONTANA MEDICAID TEST1

## Eligibility Inquiry Confirmation

If this is the client you wish to inquire on, click 'View Client Eligibility.'

Client Original ID: 123456789  
Name: TEST, DATA  
Date of Birth: 01/01/1950  
Gender Code: M: Male

[Back to Eligibility Inquiry](#)[View Client Eligibility](#) 

For assistance, visit [Help](#) or contact the Montana Access to Health Web Portal Help Center at 1-800-624-3958.

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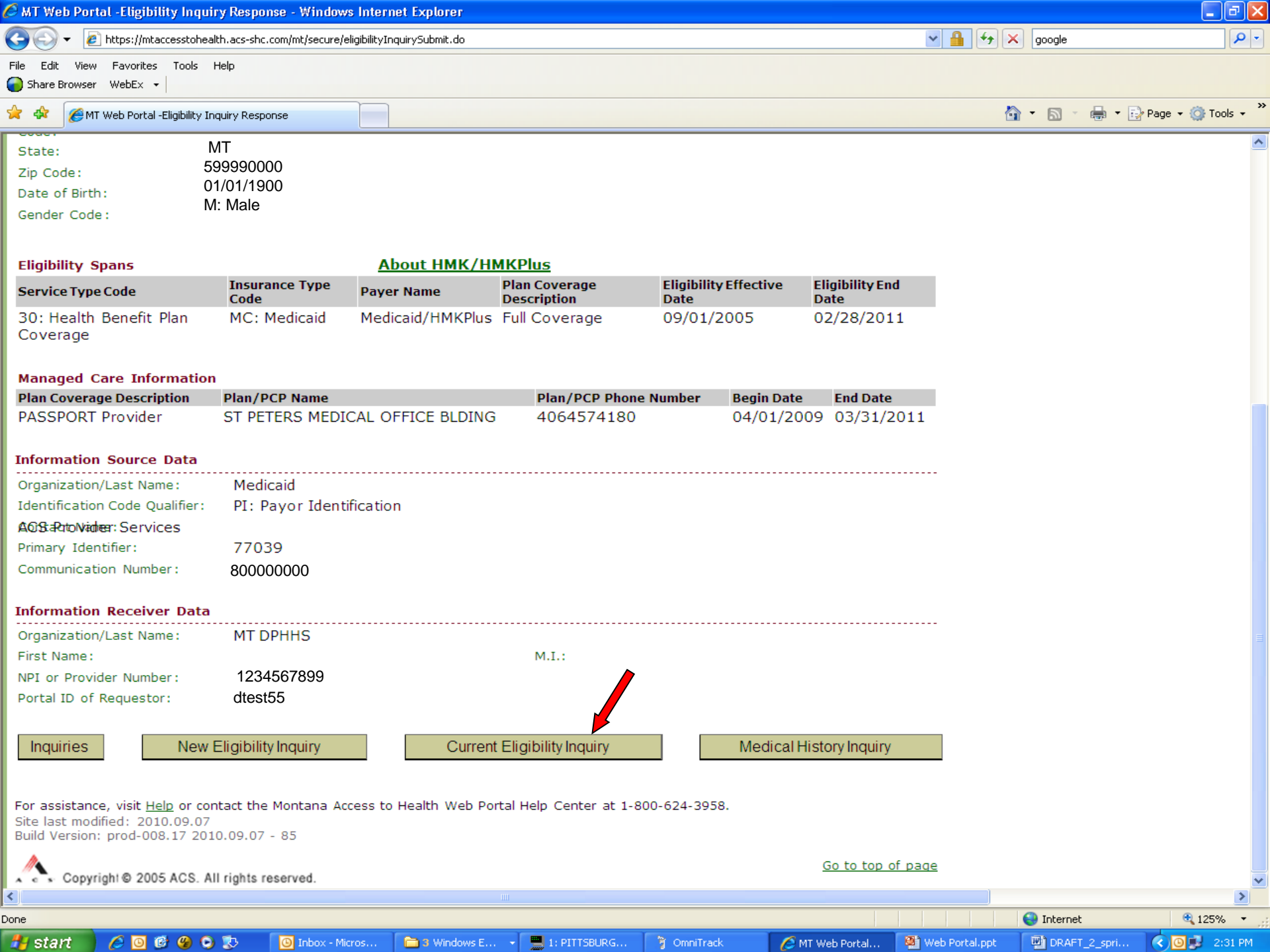
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[Go to top of page](#)

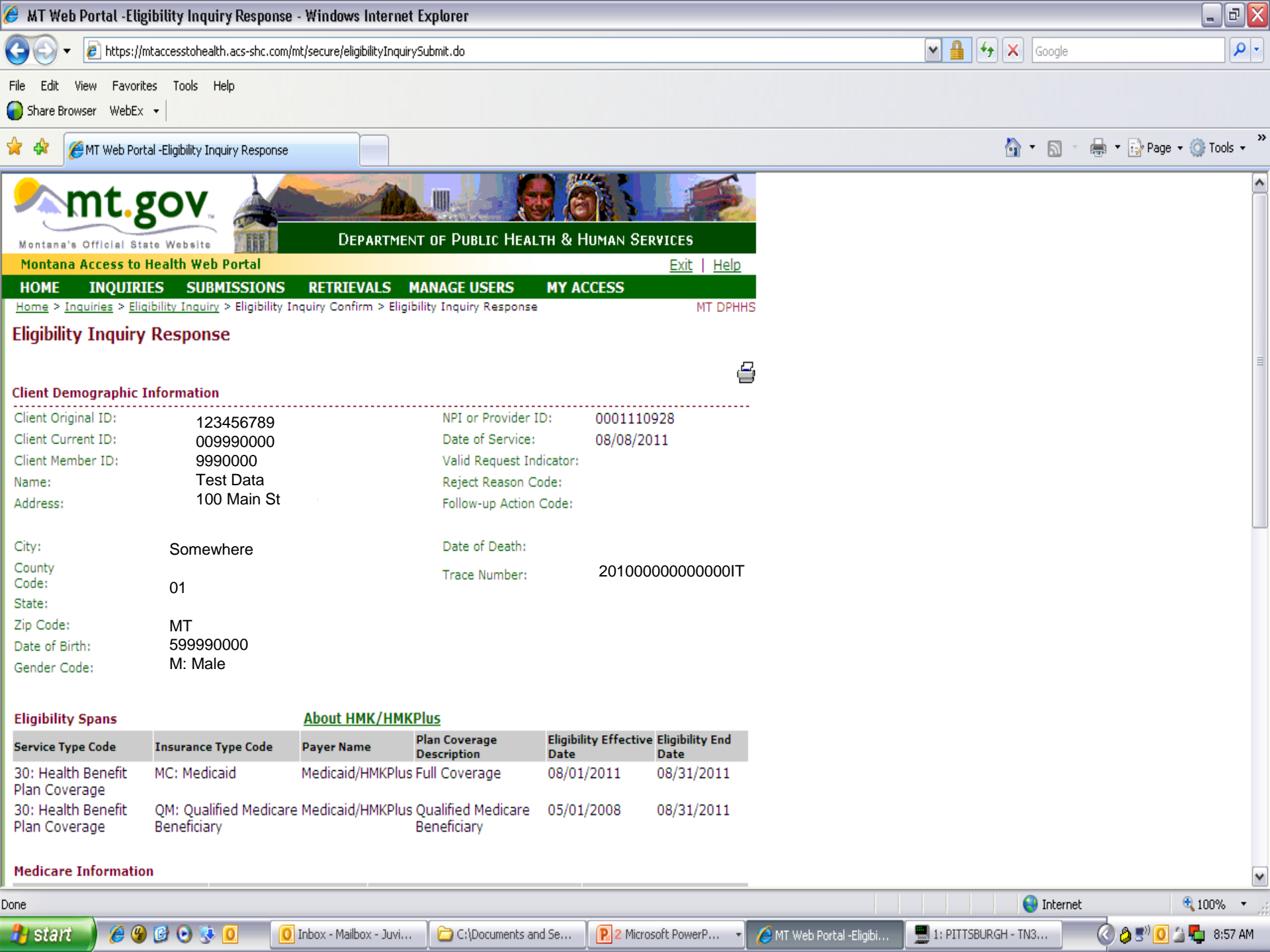
# Full Coverage







# Medicaid and Medicare Eligibility



## Eligibility Inquiry Response

### Client Demographic Information

Client Original ID: 123456789 NPI or Provider ID: 0001110928

Client Current ID: 009990000 Date of Service: 08/08/2011

Client Member ID: 9990000 Valid Request Indicator:

Name: Test Data Reject Reason Code:

Address: 100 Main St Follow-up Action Code:

City: Somewhere Date of Death:

County Code: 01 Trace Number: 201000000000000IT

State: MT

Zip Code: 599990000

Date of Birth: M: Male

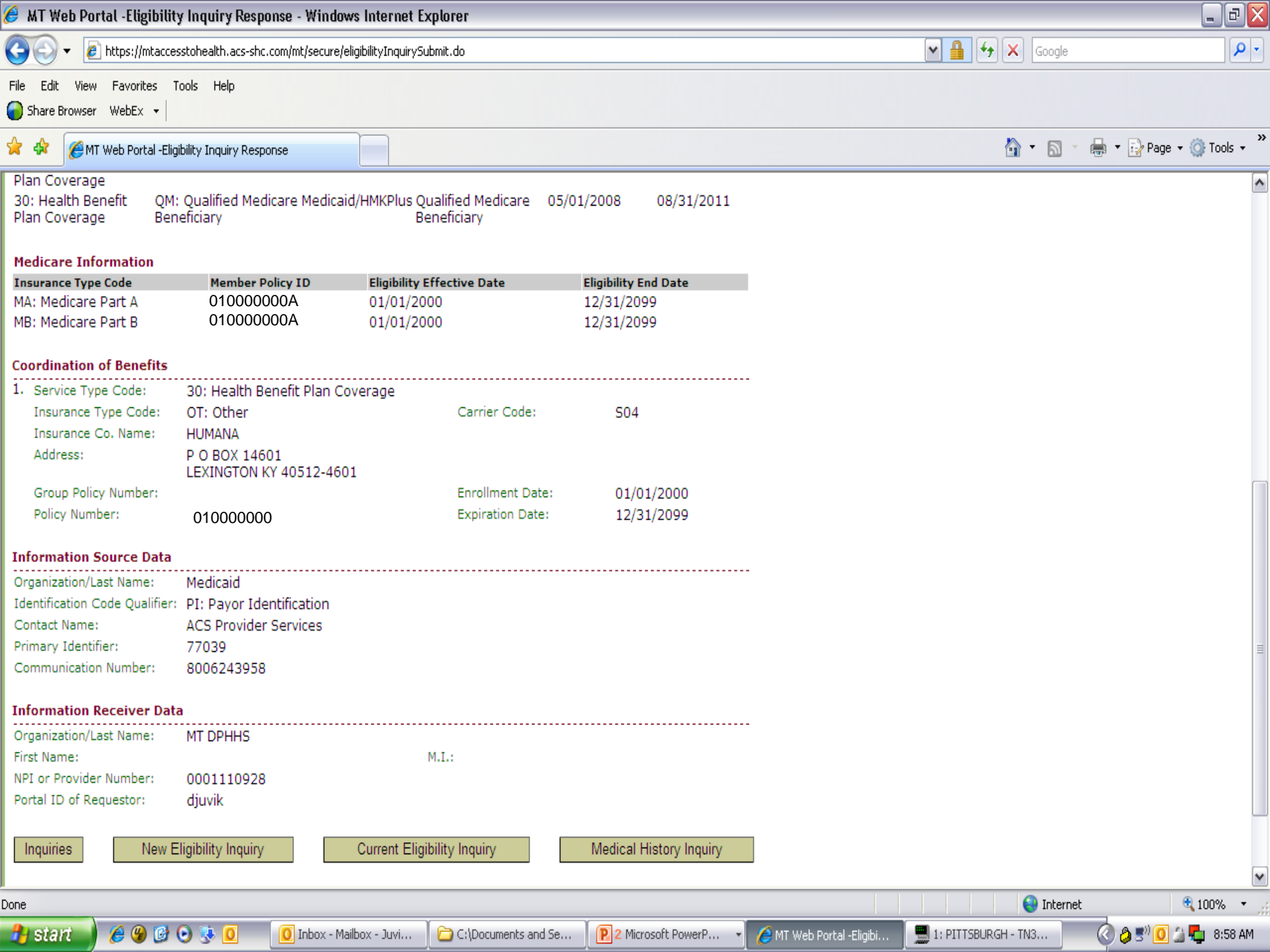
Gender Code:

### Eligibility Spans

[About HMK/HMKPlus](#)

Service Type Code	Insurance Type Code	Payer Name	Plan Coverage Description	Eligibility Effective Date	Eligibility End Date
30: Health Benefit Plan Coverage	MC: Medicaid	Medicaid/HMKPlus Full Coverage		08/01/2011	08/31/2011
30: Health Benefit Plan Coverage	QM: Qualified Medicare Beneficiary	Medicaid/HMKPlus Qualified Medicare Beneficiary		05/01/2008	08/31/2011

### Medicare Information



Plan Coverage

30: Health Benefit Plan Coverage    QM: Qualified Medicare Medicaid/HMKPlus Qualified Medicare Beneficiary    05/01/2008    08/31/2011

**Medicare Information**

Insurance Type Code	Member Policy ID	Eligibility Effective Date	Eligibility End Date
MA: Medicare Part A	010000000A	01/01/2000	12/31/2099
MB: Medicare Part B	010000000A	01/01/2000	12/31/2099

**Coordination of Benefits**

1. Service Type Code: 30: Health Benefit Plan Coverage

Insurance Type Code: OT: Other    Carrier Code: S04

Insurance Co. Name: HUMANA

Address: P O BOX 14601  
LEXINGTON KY 40512-4601

Group Policy Number:    Enrollment Date: 01/01/2000

Policy Number: 010000000    Expiration Date: 12/31/2099

**Information Source Data**

Organization/Last Name: Medicaid

Identification Code Qualifier: PI: Payor Identification

Contact Name: ACS Provider Services

Primary Identifier: 77039

Communication Number: 8006243958

**Information Receiver Data**

Organization/Last Name: MT DPHHS

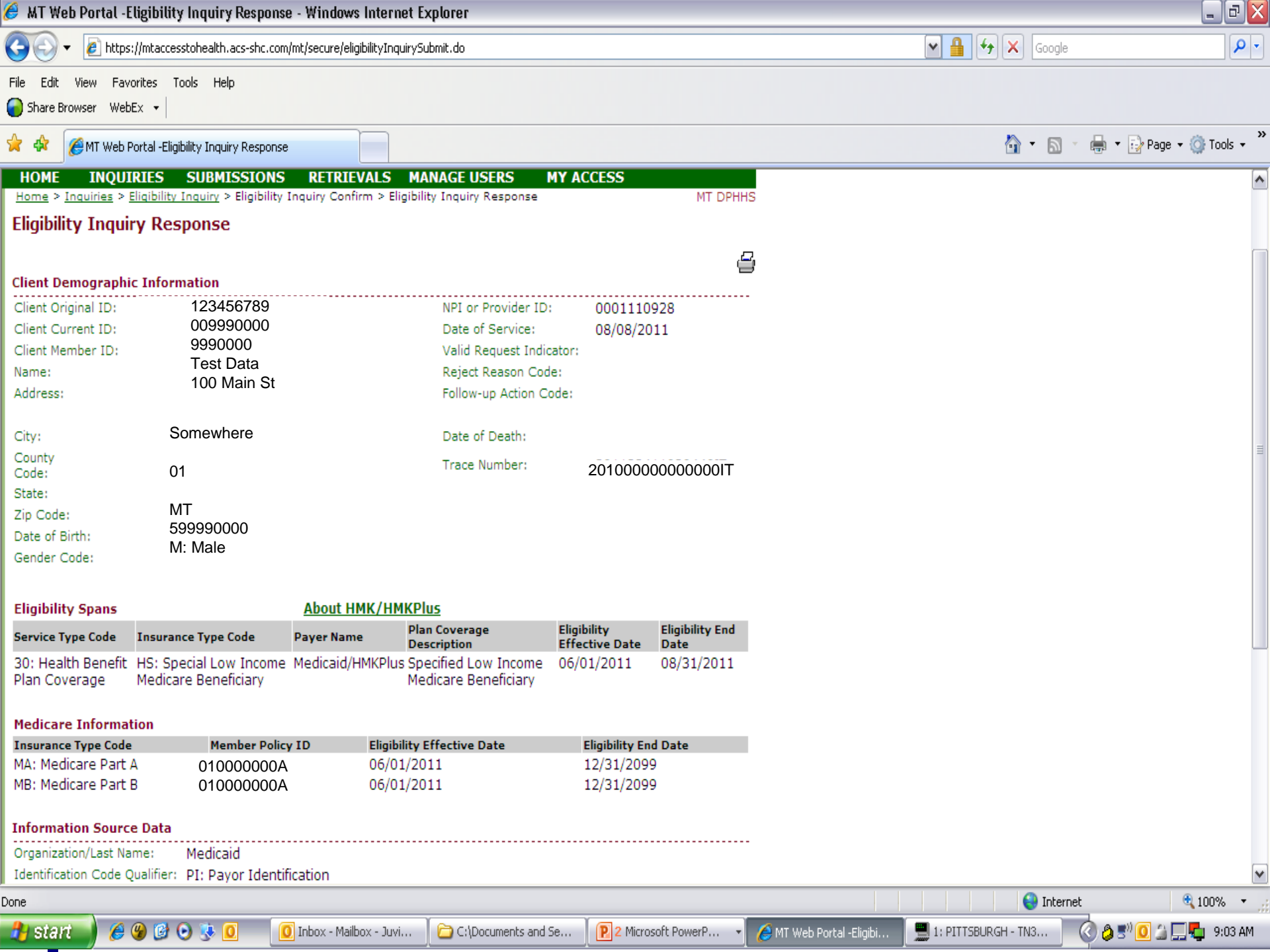
First Name:    M.I.:

NPI or Provider Number: 0001110928

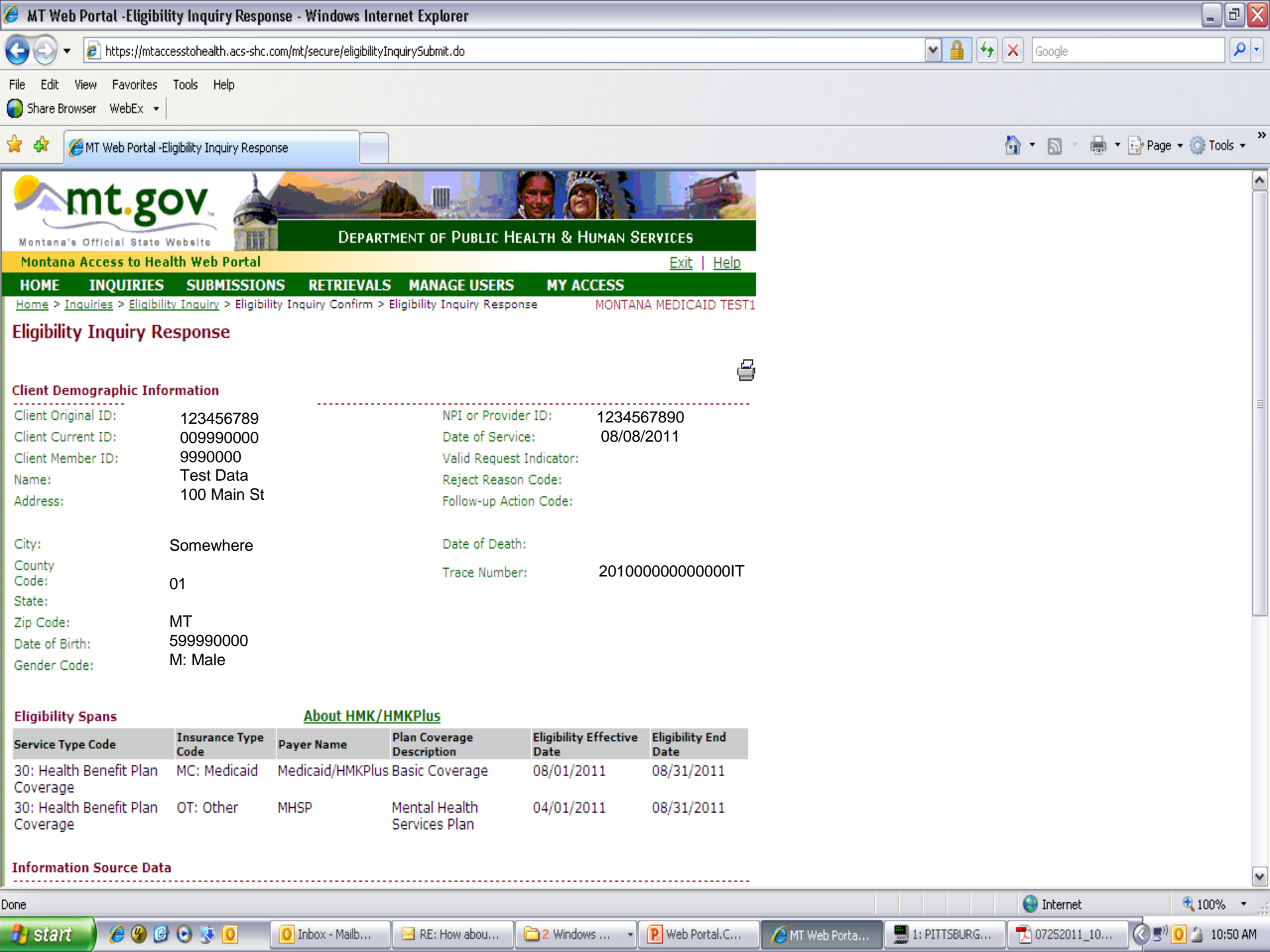
Portal ID of Requestor: djuvik

Inquiries    New Eligibility Inquiry    Current Eligibility Inquiry    Medical History Inquiry

# Medicare Eligibility Only



# Medicaid and MHSP



## Eligibility Inquiry Response

### Client Demographic Information

Client Original ID:	123456789	NPI or Provider ID:	1234567890
Client Current ID:	009990000	Date of Service:	08/08/2011
Client Member ID:	9990000	Valid Request Indicator:	
Name:	Test Data	Reject Reason Code:	
Address:	100 Main St	Follow-up Action Code:	
City:	Somewhere	Date of Death:	
County Code:	01	Trace Number:	201000000000000IT
State:			
Zip Code:	MT		
Date of Birth:	599990000		
Gender Code:	M: Male		

### Eligibility Spans

About HMK/HMKPlus

Service Type Code	Insurance Type Code	Payer Name	Plan Coverage Description	Eligibility Effective Date	Eligibility End Date
30: Health Benefit Plan Coverage	MC: Medicaid	Medicaid/HMKPlus	Basic Coverage	08/01/2011	08/31/2011
30: Health Benefit Plan Coverage	OT: Other	MHSP	Mental Health Services Plan	04/01/2011	08/31/2011

### Information Source Data



# Medicaid and TPL

## Eligibility Inquiry Response

### Client Demographic Information

Client Original ID:	123456789	NPI or Provider ID:	0001110928
Client Current ID:	009990000	Date of Service:	08/08/2011
Client Member ID:	009990000	Valid Request Indicator:	
Name:	9990000	Reject Reason Code:	
Address:	Test Data	Follow-up Action Code:	
	100 Main St		
City:	Somewhere	Date of Death:	
County Code:	01	Trace Number:	201000000000000IT
State:	MT		
Zip Code:	599990000		
Date of Birth:	01/01/1980		
Gender Code:	M: Male		

### Eligibility Spans

[About HMK/HMKPlus](#)

Service Type Code	Insurance Type Code	Payer Name	Plan Coverage Description	Eligibility Effective Date	Eligibility End Date
30: Health Benefit Plan Coverage	MC: Medicaid	Medicaid/HMKPlus	Full Coverage	06/01/2010	08/31/2011

### Managed Care Information

Plan Coverage Description	Plan/PCP Name	Plan/PCP Phone Number	Begin Date	End Date
PASSPORT Provider	PARKSIDE COMMUNITY FAMILY	4063273880	01/01/2011	08/31/2011

### Coordination of Benefits

1. Service Type Code:	30: Health Benefit Plan Coverage	Carrier Code:	024
Insurance Type Code:	OT: Other		
Insurance Co. Name:	TRICARE WPS CLAIMS		
Address:	P O BOX 77028 MADISON WI 53707-1028		
Group Policy Number:	ACTIVE DUTY	Enrollment Date:	11/09/2007
Policy Number:	500000001	Expiration Date:	12/31/2099

### Information Source Data

## Inactive Client

- Client in a suspension span
- Verify every date of service





## Eligibility Inquiry Response



### Client Demographic Information

Client Original ID:	100000001	NPI or Provider ID:	1234567899
Client Current ID:	001111111	Date of Service:	12/01/2010
Client Member ID:	1111111	Valid Request Indicator:	
Name:	Test Data	Reject Reason Code:	
Address:	123 Main St	Follow-up Action Code:	
	Anywhere		
City:		Date of Death:	
County Code:	01	Trace Number:	21000000010000000T
State:	MT	Status:	Inactive
Zip Code:	599990000		
Date of Birth:	01/01/1980		
Gender Code:	M: Male		

### Eligibility Spans

[About HMK/HMKPlus](#)

Service Type Code	Insurance Type Code	Payer Name	Plan Coverage Description	Eligibility Effective Date	Eligibility End Date
-------------------	---------------------	------------	---------------------------	----------------------------	----------------------

Message Text: WAIVER

### Information Source Data

Organization/Last Name:	Medicaid
Identification Code Qualifier:	PI: Payor Identification
Contact Name:	ACS Provider Services

## Remittance Advice

- Available every Monday
- Download or Print



Montana Access to Health Web Portal

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- SUBMISSIONS
- RETRIEVALS
- MANAGE USERS
- MY ACCESS

MT DPHHS

Montana Access to Health Web Portal Home Page

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<a href="#">Claim Status</a>		<a href="#">View e!SOR Reports</a>	<a href="#">Add Existing User to Organization</a>	<a href="#">Change Organization</a>
<a href="#">Provider Payment Summary</a>		<a href="#">My Inbo</a>	<a href="#">Update or Remove Users/Reset Password</a>	<a href="#">Change Password</a>
<a href="#">Claims-based Medical History</a>			<a href="#">Manage Submitter IDs</a>	<a href="#">Manage Proxies</a>
<a href="#">Electronic Health Record</a>				
<a href="#">Ask Provider Relations</a>				
<a href="#">Provider Locator</a>				

**ATTENTION PROVIDERS:** The Electronic Health Record link has been added to allow you to view your patients' claims medical history. If you need this access and do not have it, please contact your office administrator. E-prescribing is now available. Please contact your office administrator to add prescribing rights to your user account.

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Montana's Official State Website



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Montana Access to Health Web Portal

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MONTANA MEDICAID  
TEST1

## View/Download State of Remittance



A portion of this payment is made from American Recovery Investment Act funds. Go to <http://recovery.mt.gov> to follow how we are reinvesting and rebuilding Montana with funding from the Recovery and Reinvestment Act.

Report files will be stored for 90 days, after which time they will be deleted from the Web Portal.

Payment Date	File Name	File Size	Download Speed
02/07/2011	0200000 100000000 01.pdf	20,039 bytes	<a href="#">Calculate</a>
01/31/2011	0300000 100000000 01.pdf	20,039 bytes	<a href="#">Calculate</a>
01/10/2011	0400000 100000000 01.pdf	20,039 bytes	<a href="#">Calculate</a>
01/03/2011	0500000 100000000 01.pdf	20,039 bytes	<a href="#">Calculate</a>
12/27/2010	0600000 100000000 01.pdf	20,039 bytes	<a href="#">Calculate</a>
12/20/2010	0700000 100000000 01.pdf	20,039 bytes	<a href="#">Calculate</a>
12/13/2010	0800000 100000000 01.pdf	20,039 bytes	<a href="#">Calculate</a>
	0900000 100000000 01.pdf	20,039 bytes	<a href="#">Calculate</a>



[Home](#) > [Retrievals](#) > [View/Download Electronic Statement of Remittance](#) > [View/Download State of Remittance](#)

## View/Download State of Remittance

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Report files will be stored for 90 days, after which time they will be deleted.

Payment Date	File Name
07/25/2011	<a href="#">0200000 100000000 01.pdf</a>
07/18/2011	<a href="#">0300000 100000000 01.pdf</a>
06/13/2011	<a href="#">0400000 100000000 01.pdf</a>
06/13/2011	<a href="#">0500000 100000000 01.pdf</a>
05/16/2011	<a href="#">0600000 100000000 01.pdf</a>


For assistance, visit [Help](#) or contact the Montana Access to Health Web Portal Help Center at 1-800-624-3958.  
Site last modified: 2011.04.05  
Build Version: prod-008.19 2011.04.05 - 85

**File Download**

Do you want to open or save this file?



Name: 07252011\_1003008251\_01.pdf  
Type: Adobe Acrobat Document, 19.5KB  
From: mtaccesstohealth.acs-shc.com



While files from the Internet can be useful, some files can potentially harm your computer. If you do not trust the source, do not open or save this file. [What's the risk?](#)

# REMITTANCE ADVICE FOR MEDICAID/CHIP/MHSP

Medicaid Provider Inc  
100 Main Drive  
Somewhere MT 59999

VENDOR # 00001111111 REMIT ADVICE # 123456 EFT/CHK # 1234000 DATE 07/25/2011 PAGE 2  
NPI #: 1234567890 TAXONOMY: 261QD0000X

RECIP ID	NAME	SERVICE FROM	DATES TO	UNIT OF SVC	PROCEDURE REVENUE NDC	TOTAL CHARGES	CO-ALLOWED PAY	REASON & REMARK CODES
----------	------	--------------	----------	-------------	-----------------------	---------------	----------------	-----------------------

## PAID CLAIMS - DENTAL CLAIM

012300000	Data, Test	06222011	06222011	1.000	02391	229.99-	195.49-	
-----------	------------	----------	----------	-------	-------	---------	---------	--

ICN 01100000000100000 PATIENT NUMBER=

0000123456 Fred Flinstone

06222011	06222011	1.000	02392	289.99-	246.49-
06222011	06222011	1.000	02391	229.99-	195.49-
06222011	06222011	1.000	01351	81.99-	69.69-
06222011	06222011	1.000	02391	229.99-	195.49-
06222011	06222011	1.000	03110	139.99-	7.58-
06222011	06222011	1.000	02999	54.99-	0.00
***CLAIM TOTAL*****				1256.93-	910.23-

012300000	Data, Test	06222011	06222011	1.000	02391	229.99	195.49
-----------	------------	----------	----------	-------	-------	--------	--------

ICN 01100000000200000 PATIENT NUMBER=

0000123456 Fred Flinstone

06222011	06222011	1.000	02392	289.99	246.49
06222011	06222011	1.000	02391	229.99	195.49

## Download Files

- 271 - Eligibility Inquiry
- 277 - Claim Status
- 824 - Error Report
- 835 - Remittance Advice
- 997 - Functional Acknowledgement



Montana's Official State Website



DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

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MT DPHHS

## Montana Access to Health Web Portal Home Page

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### Site Contents

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<a href="#">Eligibility</a>	<a href="#">Upload Files</a>	<a href="#">View/Download Files</a>	<a href="#">Add New User to Organization</a>	<a href="#">My Profile</a>
<a href="#">Claim Status</a>		<a href="#">View e-P Reports</a>	<a href="#">Add Existing User to Organization</a>	<a href="#">Change Organization</a>
<a href="#">Provider Payment Summary</a>		<a href="#">My In...</a>	<a href="#">Update or Remove Users/Reset Password</a>	<a href="#">Change Password</a>
<a href="#">Claims-based Medical History</a>			<a href="#">Manage Submitter IDs</a>	<a href="#">Manage Proxies</a>
<a href="#">Electronic Health Record</a>				
<a href="#">Ask Provider Relations</a>				
<a href="#">Provider Locator</a>				

**ATTENTION PROVIDERS:** The Electronic Health Record link has been added to allow you to view your patients' claims medical history. If you need this access and do not have it, please contact your office administrator. E-prescribing is now available. Please contact your office administrator to add prescribing rights to your user account.

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[Home](#) > [Retrievals](#) > View / Download Files

MONTANA MEDICAID TEST1

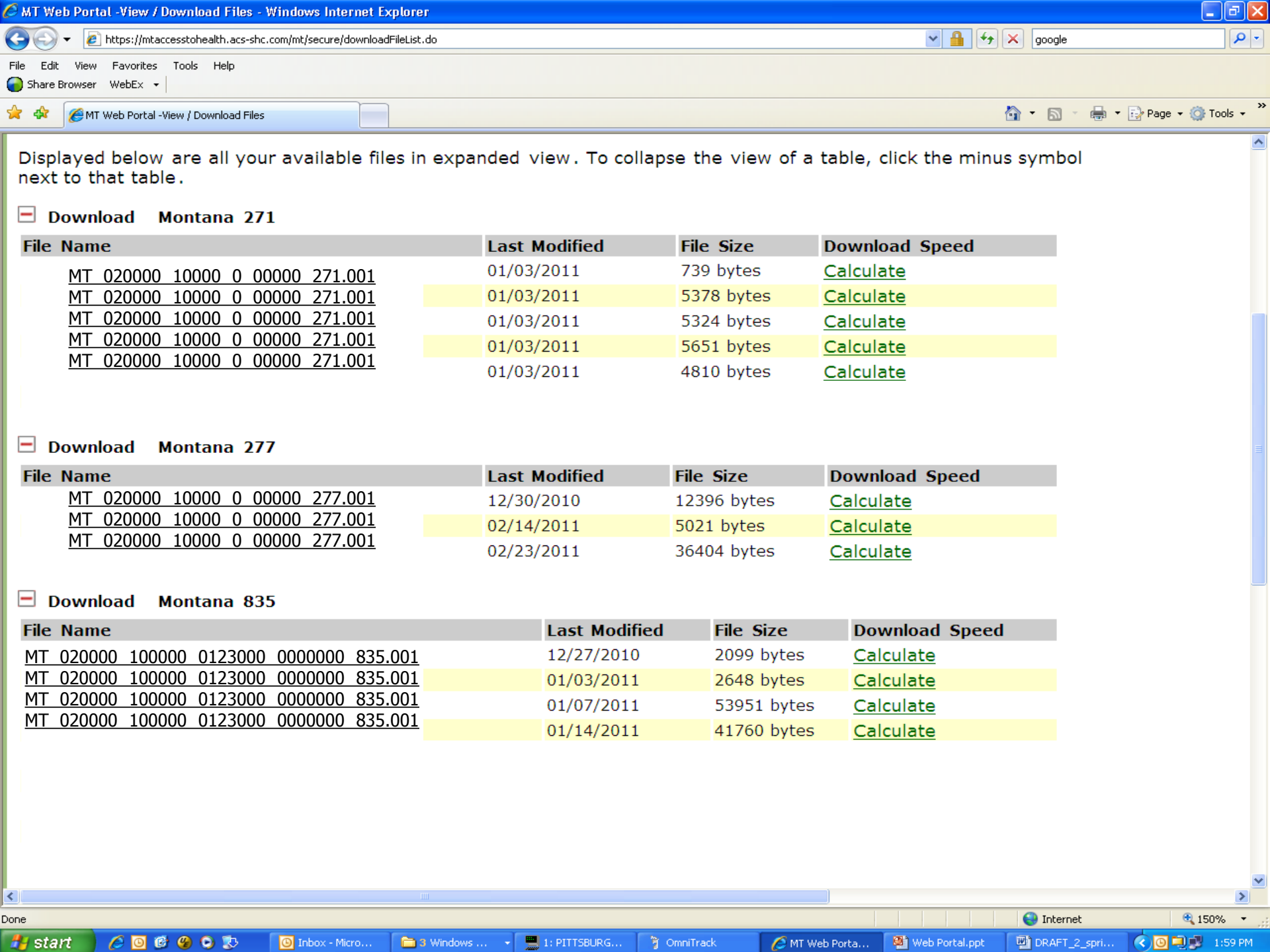
## View / Download Files

Select a Submitter ID and click 'Submit' to retrieve a list of available X12 files. The list of available X12 files includes :

- 271 - Eligibility Inquiry
- 277 - Claim Status
- 824 - Error Report
- 835 - Remittance Advice
- 997 - Functional Acknowledgement

Submitter ID:





Displayed below are all your available files in expanded view. To collapse the view of a table, click the minus symbol next to that table.

**Download Montana 271**

File Name	Last Modified	File Size	Download Speed
<u>MT 020000 10000 0 00000 271.001</u>	01/03/2011	739 bytes	<a href="#">Calculate</a>
<u>MT 020000 10000 0 00000 271.001</u>	01/03/2011	5378 bytes	<a href="#">Calculate</a>
<u>MT 020000 10000 0 00000 271.001</u>	01/03/2011	5324 bytes	<a href="#">Calculate</a>
<u>MT 020000 10000 0 00000 271.001</u>	01/03/2011	5651 bytes	<a href="#">Calculate</a>
<u>MT 020000 10000 0 00000 271.001</u>	01/03/2011	4810 bytes	<a href="#">Calculate</a>

**Download Montana 277**

File Name	Last Modified	File Size	Download Speed
<u>MT 020000 10000 0 00000 277.001</u>	12/30/2010	12396 bytes	<a href="#">Calculate</a>
<u>MT 020000 10000 0 00000 277.001</u>	02/14/2011	5021 bytes	<a href="#">Calculate</a>
<u>MT 020000 10000 0 00000 277.001</u>	02/23/2011	36404 bytes	<a href="#">Calculate</a>

**Download Montana 835**

File Name	Last Modified	File Size	Download Speed
<u>MT 020000 100000 0123000 0000000 835.001</u>	12/27/2010	2099 bytes	<a href="#">Calculate</a>
<u>MT 020000 100000 0123000 0000000 835.001</u>	01/03/2011	2648 bytes	<a href="#">Calculate</a>
<u>MT 020000 100000 0123000 0000000 835.001</u>	01/07/2011	53951 bytes	<a href="#">Calculate</a>
<u>MT 020000 100000 0123000 0000000 835.001</u>	01/14/2011	41760 bytes	<a href="#">Calculate</a>

## **Provider Payment Summary**

- View Payment Date
- Check/EFT Number
- Amount
- Remittance Advice Number





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<a href="#">Provider Payment Summary</a>		<a href="#">My Inbox</a>	<a href="#">Update or Remove Users/Reset Password</a>	<a href="#">Change Password</a>
<a href="#">Claims-based Medical History</a>			<a href="#">Manage Submitter IDs</a>	<a href="#">Manage Proxies</a>
<a href="#">Electronic Health Record</a>				
<a href="#">Ask Provider Questions</a>				
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## Claim Status

- View the status of a claim
- Search by
  - ICN
  - Client ID
  - First Date of Service
  - Last Date of Service



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- INQUIRIES
- SUBMISSIONS
- RETRIEVALS
- MANAGE USERS
- MY ACCESS

MT DPHHS

Montana Access to Health Web Portal Home Page

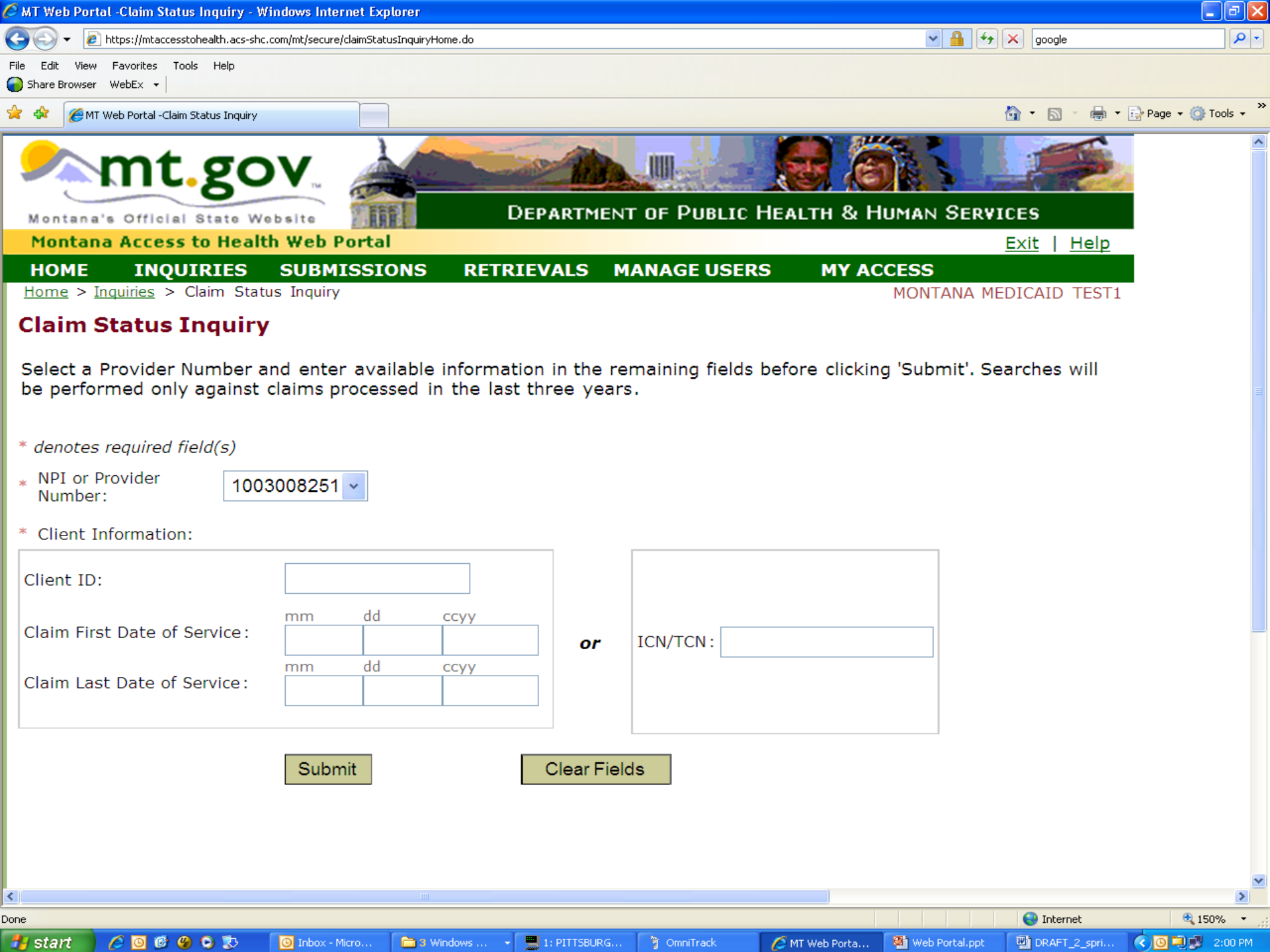
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<a href="#">Provider Payment Summary</a>		<a href="#">My Inbox</a>	<a href="#">Update or Remove Users/Reset Password</a>	<a href="#">Change Password</a>
<a href="#">Claim and Medical History</a>			<a href="#">Manage Submitter IDs</a>	<a href="#">Manage Proxies</a>
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MT Web Portal - Claim Detail - Windows Internet Explorer

https://mtaccessstohealth.acs-shc.com/mt/secure/claimStatusInquiry.do

File Edit View Favorites Tools Help

Share Browser WebEx

MT Web Portal -Claim Detail

Page Tools



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[Home](#) > [Inquiries](#) > [Claim Status Inquiry](#) > Claim Detail

MT DPHHS

Claim Detail

Print

Claim Data

Status Information

Effective Date: 02/23/2011

Status Category Code: F1: Finalized/Payment-The claim/line has been paid.

Status: 1: For more detailed information, see remittance advice.

Service Period: From 10/22/2010 To 10/22/2010

ICN/TCN: 21000000100000000

Bill Type Identifier: Patient Account Number or Trace Number: B111PT2

Charged Amount: \$ 1,115.69

Payment Amount: \$ 318.70

Adjudication or Payment Date: 11/08/2010

Check Issue or EFT Effective Date: 11/15/2010

Provider Data

NPI or Provider Number: 123456789

Name or Servicing Organization: NOT AVAILABLE

Client Data

Name: Test Data

Date of Birth: 01/01/1980

Client ID: 100000001

Gender: M

Payer Data

Name: Montana Medicaid

Identification: 77039

Line Item Detail Data

1. HC: Health Care Financing

Done

start

Inbox - Micro...

Windows ...

1: PITTSBURG...

OmniTrack

MT Web Porta...

Web Portal.ppt

DRAFT\_2\_spri...

Internet

125%

2:06 PM

MT Web Portal - Claim Detail

https://mtaccessstohealth.acs-shc.com/mt/secure/claimStatusInquiry.do

File Edit View Favorites Tools Help

Share Browser WebEx

MT Web Portal - Claim Detail

Home RSS Print Page Tools

Identification: 77039

Line Item Detail Data

1.

Status Effective Date: 02/23/2011

Product or Service ID Qualifier: HC: Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes

Status Category Code: F1: Finalized/Payment-The claim/line has been paid.

Status: 1: For more detailed information, see remittance advice.

Revenue Code: 307

Procedure Code: 81001

Procedure Modifier 1: Procedure Modifier 2:

Procedure Modifier 3: Procedure Modifier 4:

Service Line Date: From 10/22/2010 To 10/22/2010

Charged Amount: \$ 37.31

Payment Amount: \$ 4.69

Units of Service: 1

2.

Status Effective Date: 02/23/2011

Product or Service ID Qualifier: HC: Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes

Status Category Code: F1: Finalized/Payment-The claim/line has been paid.

Status: 1: For more detailed information, see remittance advice.

Revenue Code: 402

Procedure Code: 76870

Procedure Modifier 1: Procedure Modifier 2:

Procedure Modifier 3: Procedure Modifier 4:

Service Line Date: From 10/22/2010 To 10/22/2010

Charged Amount: \$ 360.21

Payment Amount: \$ 73.05

Units of Service: 1

3.

Status Effective Date: 02/23/2011

Product or Service ID Qualifier: HC: Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes

Status Category Code: F1: Finalized/Payment-The claim/line has been paid.

Status: 1: For more detailed information, see remittance advice.

Revenue Code: 450

Procedure Code: 99283

Done

start

Inbox - Micro...

3 Windows ...

1: PITTSBURG...

OmniTrack

MT Web Porta...

Web Portal.ppt

DRAFT\_2\_spri...

Internet

125%

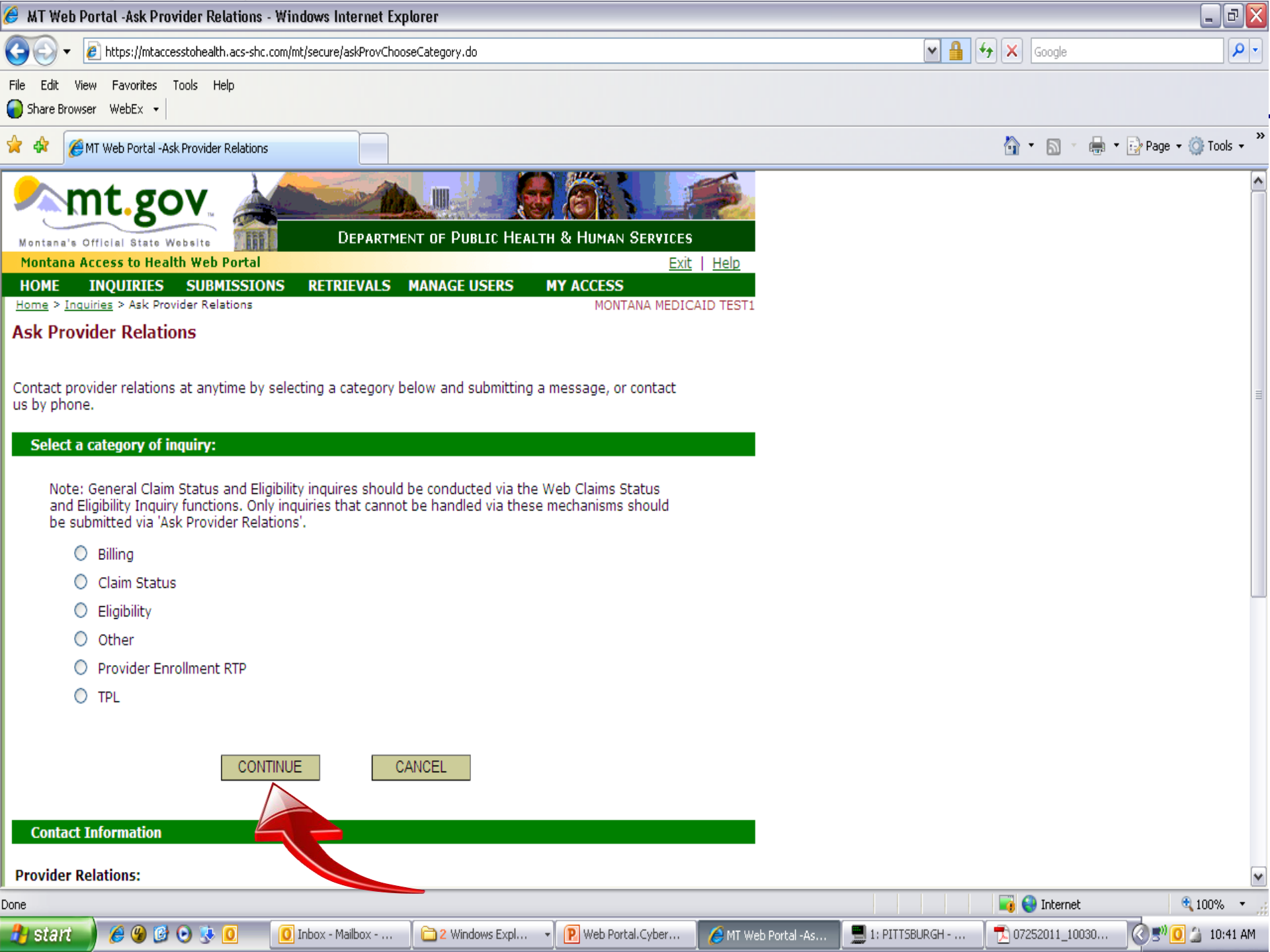
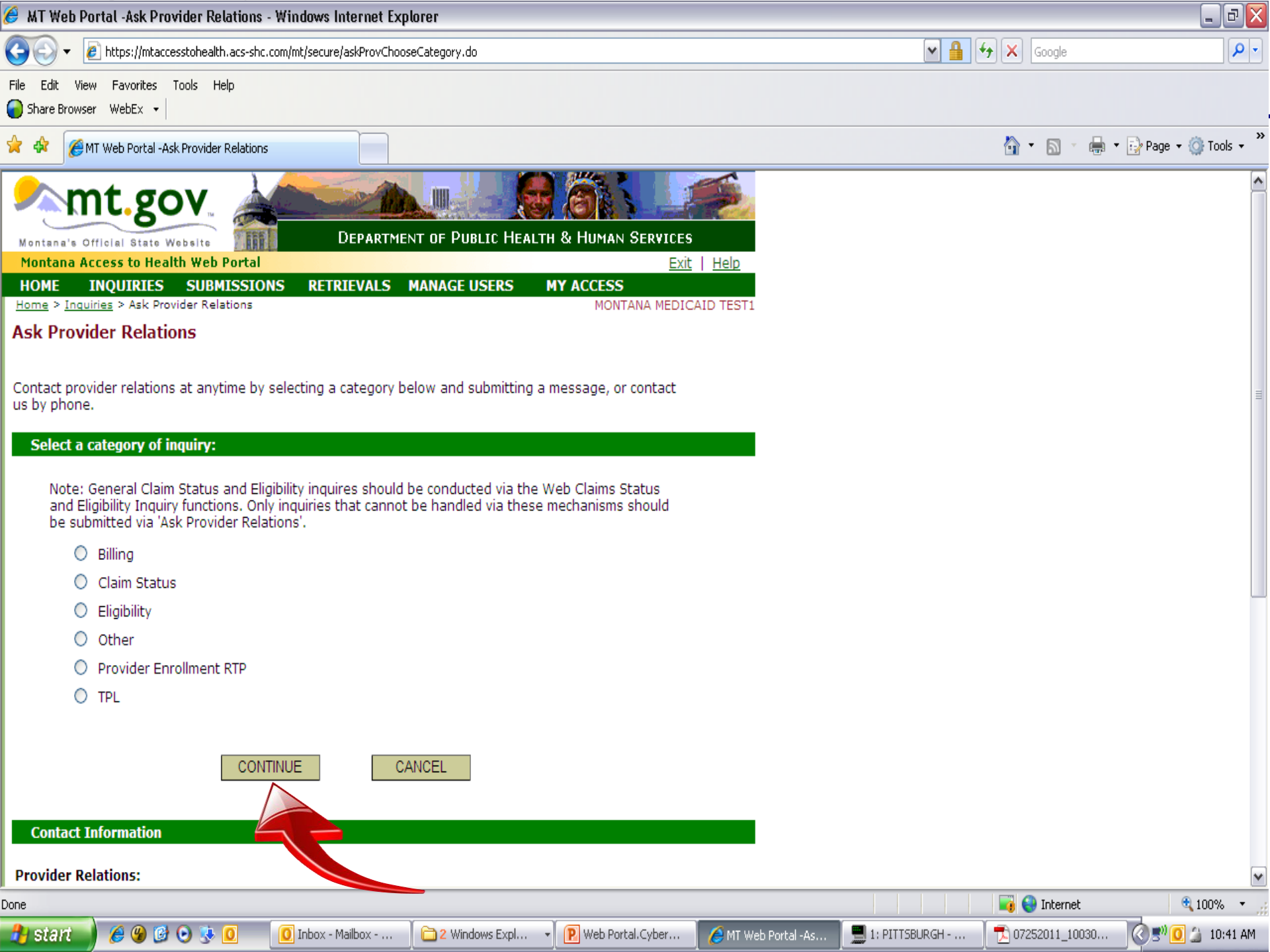
2:07 PM

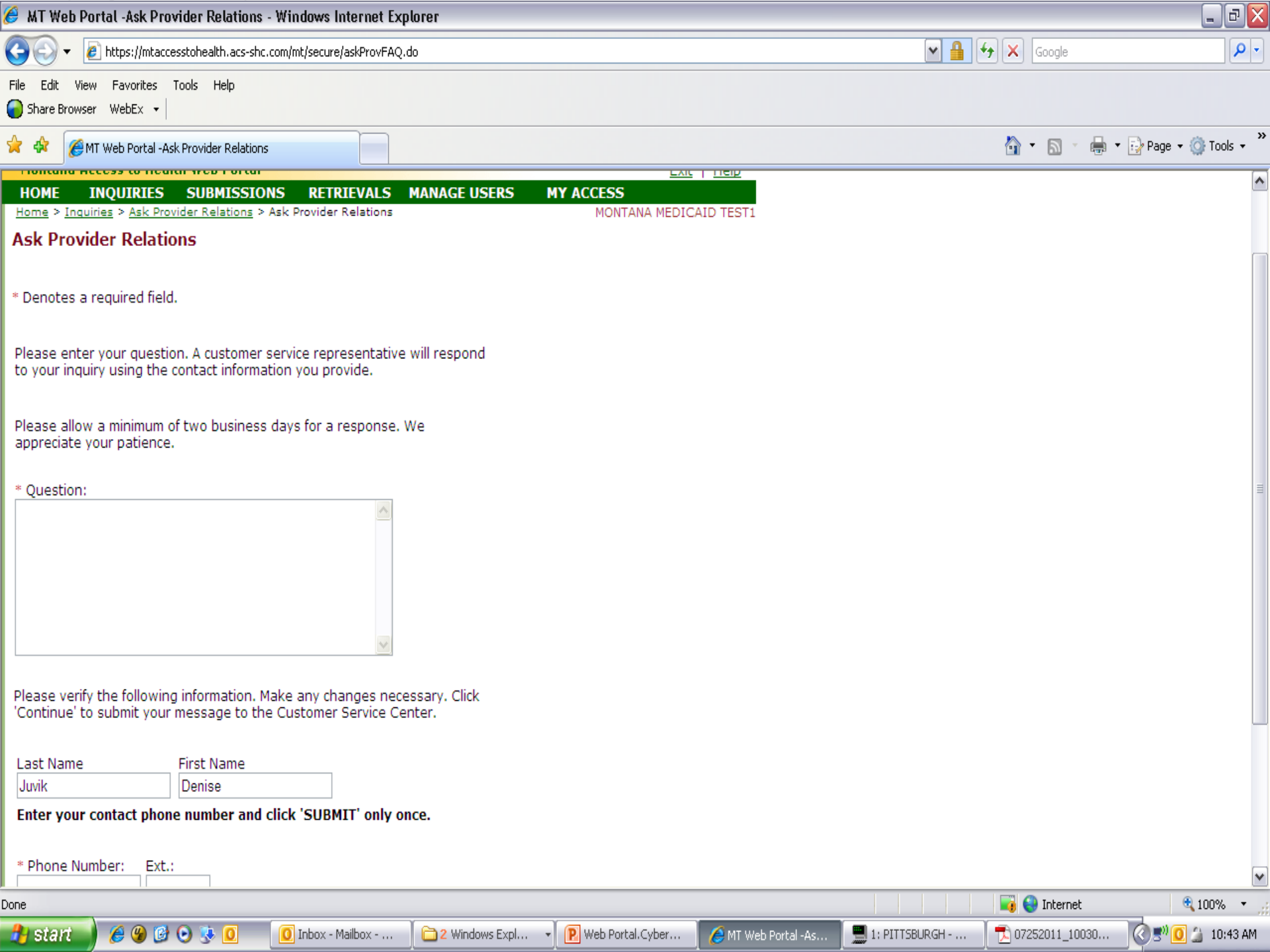
## **Ask Provider Relations**

- Secure email submission
- Receive a response in 24 hours
- Response sent direct to email on file in the Web Portal











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MONTANA MEDICAID TEST1

## Montana Access to Health Web Portal Home Page

**[\\*\\*Click here to read your new message\\*\\*](#)**

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**HOME INQUIRIES SUBMISSIONS RETRIEVALS MANAGE USERS MY ACCESS**

[Home](#) > [Inquiries](#) > [Ask Provider Relations](#) > Ask Provider Relations

MONTANA MEDICAID TEST1

## Ask Provider Relations

### Ask Provider Relations

Thank you... **Your Reference Number is: 14380310**

**Your message has been sent. A provider relations representative will contact you and assist you.**

**For Web-based inquiries, please allow a minimum of two business days for a response. We appreciate your patience.**

**In order to check a status or to view a response, check your Inbox.**

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Site last modified: 2011.04.05  
Build Version: prod-008.19 2011.04.05 - 85



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MONTANA MEDICAID TEST1

## Manage Message Center

[Refresh Inbox](#)[Ask Provider Relations a question](#)

### MONTANA MEDICAID TEST1

The following list contains a summary of all your messages. To read a message click on the 'Read' icon. To delete or download a message check the appropriate 'Select' box and then click 'Delete' or 'Download' as required. To check the status of a provider Relations request, click on the Reference Number.

Select	Subject	From	Reference Number	Date Posted	Will Expire On
<input type="checkbox"/>	Ask PR Question	djuvik	14155755	04/07/2011	07/06/2011
<input type="checkbox"/>	Ask PR Question	djuvik	14380310	08/12/2011	11/10/2011
<input type="checkbox"/>	Ask PR Response	ACS	14155755	04/09/2011	07/08/2011
<input type="checkbox"/>	Ask PR Response	ACS	14155755	04/12/2011	07/11/2011
<input type="checkbox"/>	Ask PR Response	ACS	14155755	04/13/2011	07/12/2011
<input type="checkbox"/>	Ask PR Response	ACS	14155755	04/16/2011	07/15/2011
<input type="checkbox"/>	Ask PR Response	ACS	14155755	04/20/2011	07/19/2011
<input type="checkbox"/>	Ask PR Response	ACS	14155755	04/23/2011	07/22/2011

[Delete](#)



DEPARTMENT OF PUBLIC HEALTH &amp; HUMAN SERVICES

Montana Access to Health Web Portal

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Select	Subject	From	Reference Number	Date Posted	Will Expire On
<input type="checkbox"/>	Ask PR Question	djuvik	14155755	04/07/2011	07/06/2011
<input type="checkbox"/>	Ask PR Question	djuvik	14380310	08/12/2011	11/10/2011
<input type="checkbox"/>	Ask PR Response	ACS	14155755	04/09/2011	07/08/2011
<input type="checkbox"/>	Ask PR Response	ACS	14155755	04/12/2011	07/11/2011
<input type="checkbox"/>	Ask PR Response	ACS	14155755	04/13/2011	07/12/2011
<input type="checkbox"/>	Ask PR Response	ACS	14155755	04/16/2011	07/15/2011
<input type="checkbox"/>	Ask PR Response	ACS	14155755	04/20/2011	07/19/2011
<input type="checkbox"/>	Ask PR Response	ACS	14155755	04/23/2011	07/22/2011

[Delete](#)

Test. Do not respond.  
Status :Open

## Upload Files

- WINASAP2003
- Transmit the claim via the Web Portal





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<a href="#">Provider Payment Summary</a>		<a href="#">My Inbox</a>	<a href="#">Update or Remove Users/Reset Password</a>	<a href="#">Change Password</a>
<a href="#">Claims-based Medical History</a>			<a href="#">Manage Submitter IDs</a>	<a href="#">Manage Proxies</a>
<a href="#">Electronic Health Record</a>				
<a href="#">Ask Provider Relations</a>				
<a href="#">Provider Locator</a>				

**ATTENTION PROVIDERS:** The Electronic Health Record link has been added to allow you to view your patients' claims medical history. If you need this access and do not have it, please contact your office administrator. E-prescribing is now available. Please contact your office administrator to add prescribing rights to your user account.

You've logged into the organization displayed under the navigation bar on the right. This organization will be used to determine the Provider Number and Submitter IDs you can use for your transactions (i.e., Inquiries, Submissions and Retrievals). To change this organization, click 'Change Organization' and follow the instructions.

[HOME](#) [INQUIRIES](#) [SUBMISSIONS](#) [RETRIEVALS](#) [MANAGE USERS](#) [MY ACCESS](#)[Home](#) > [Submissions](#) > Upload Files

MT DPHHS

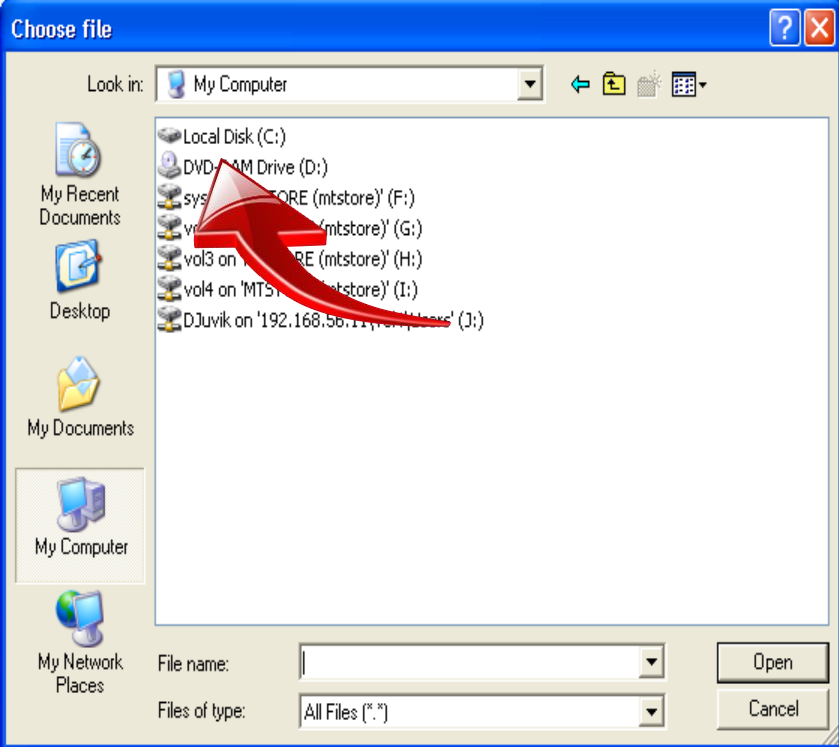
## Upload Files

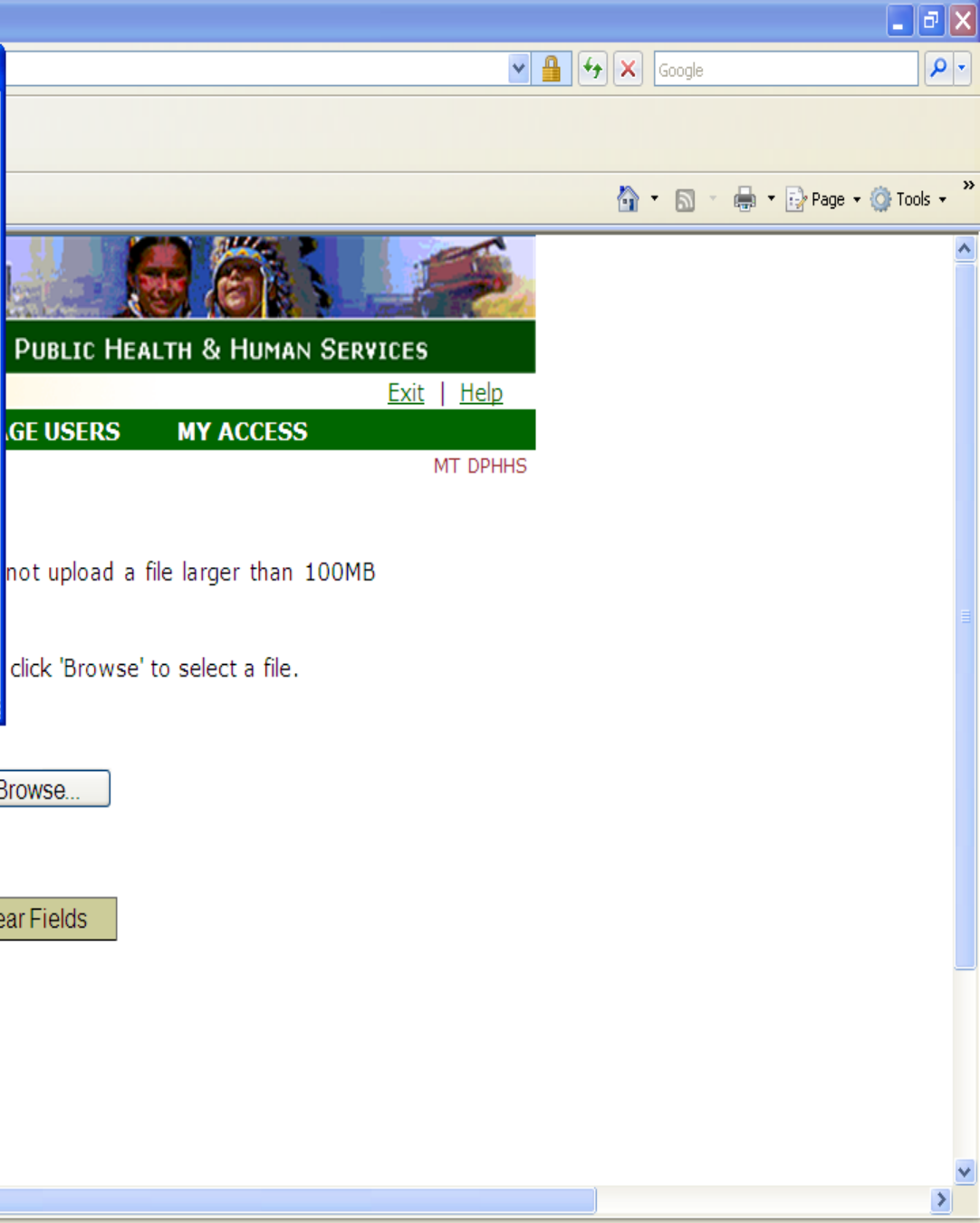
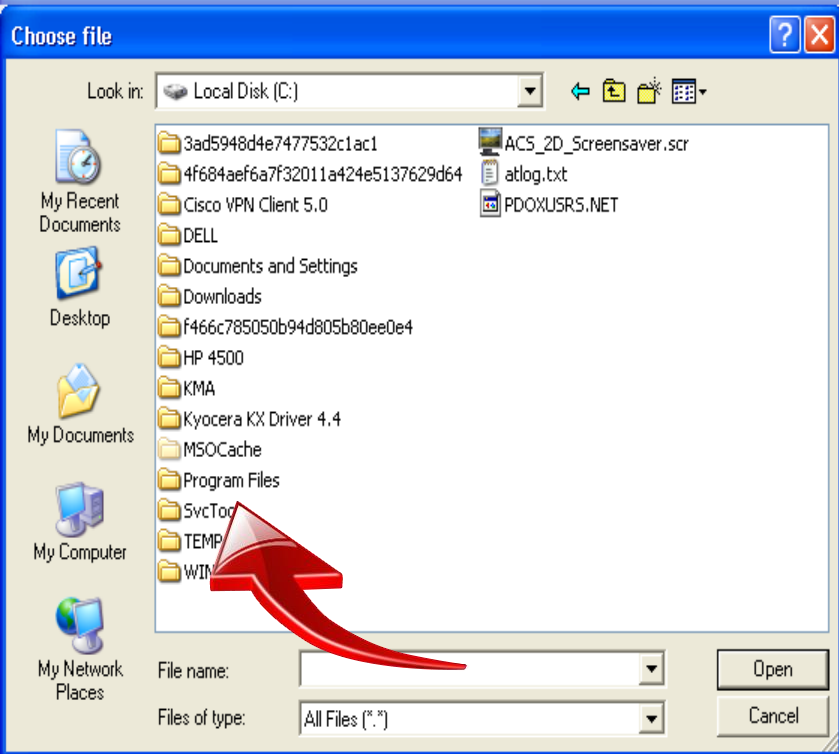
Only X12 HIPAA compliant files may be uploaded to the system. You cannot upload a file larger than 100MB (megabytes) in size.

Select a Submitter ID, and either enter the path of the file to upload or click 'Browse' to select a file.

Submitter ID: 

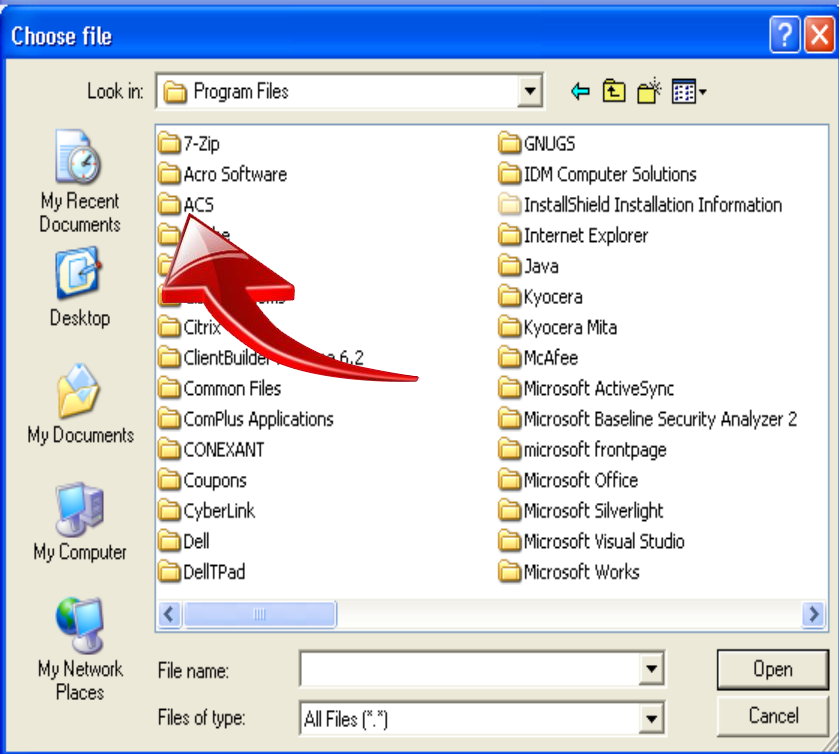
File Path:

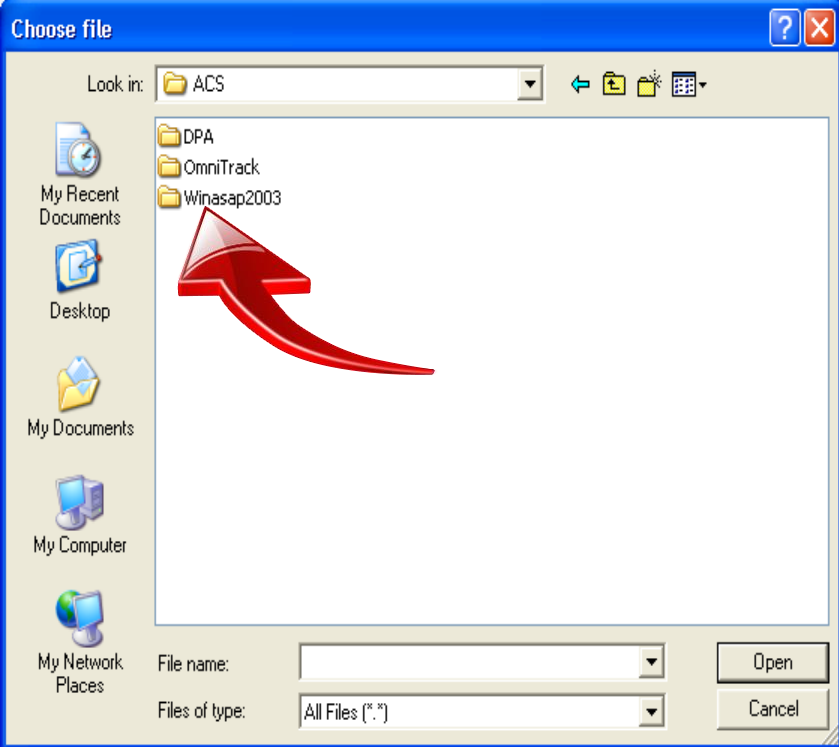


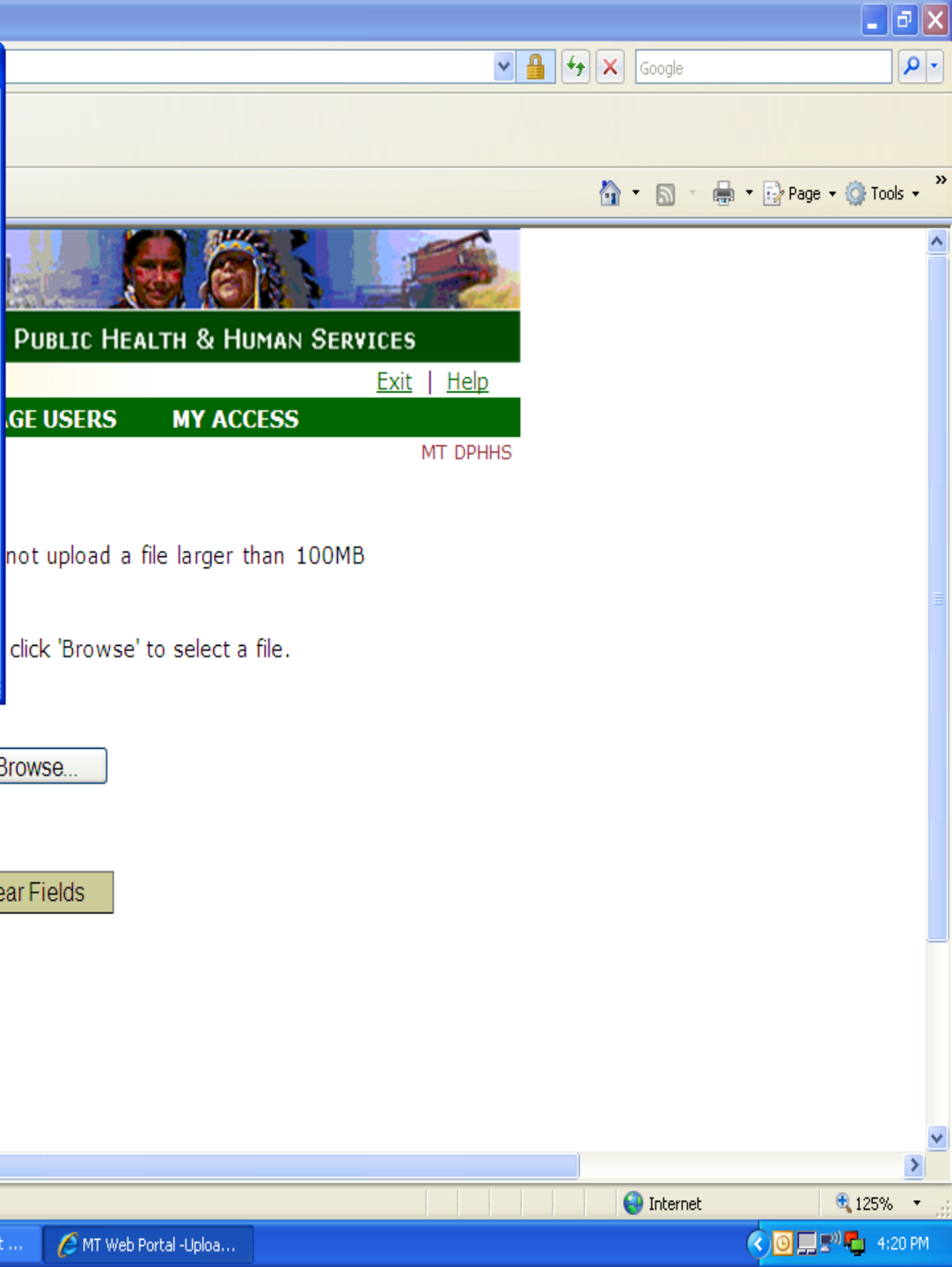
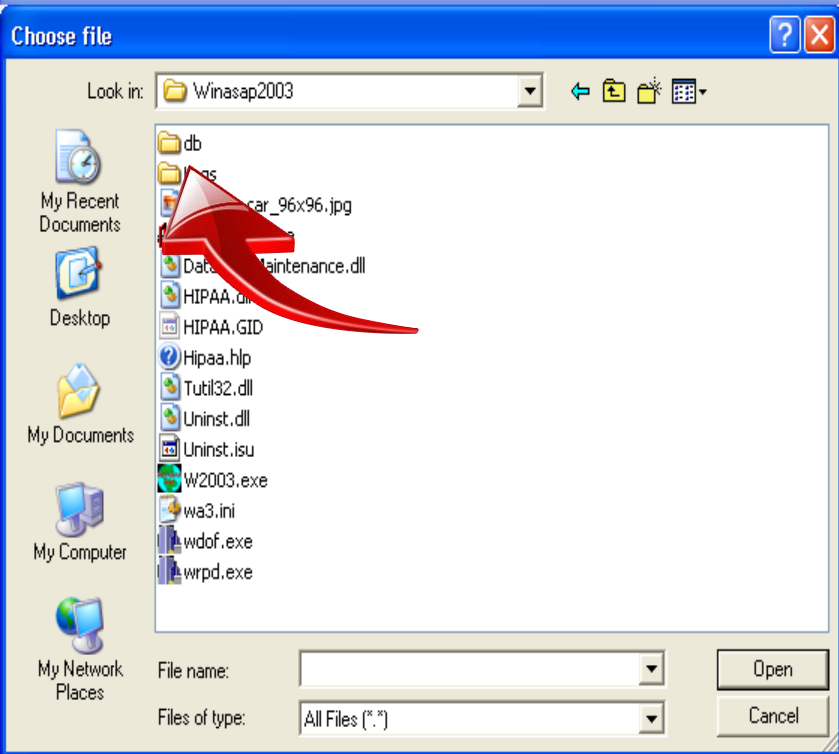


Submitter ID: 7779999

File Path:







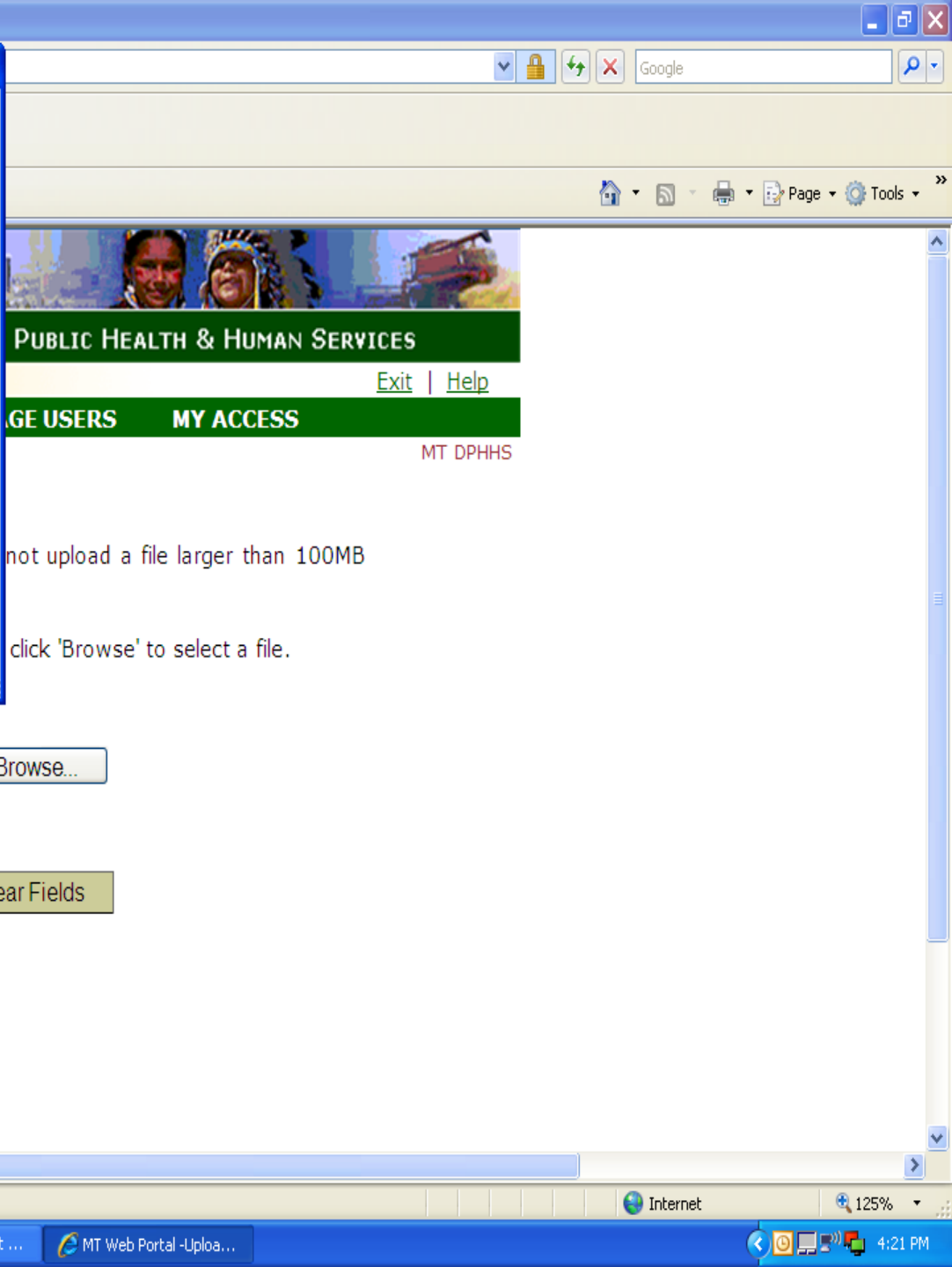
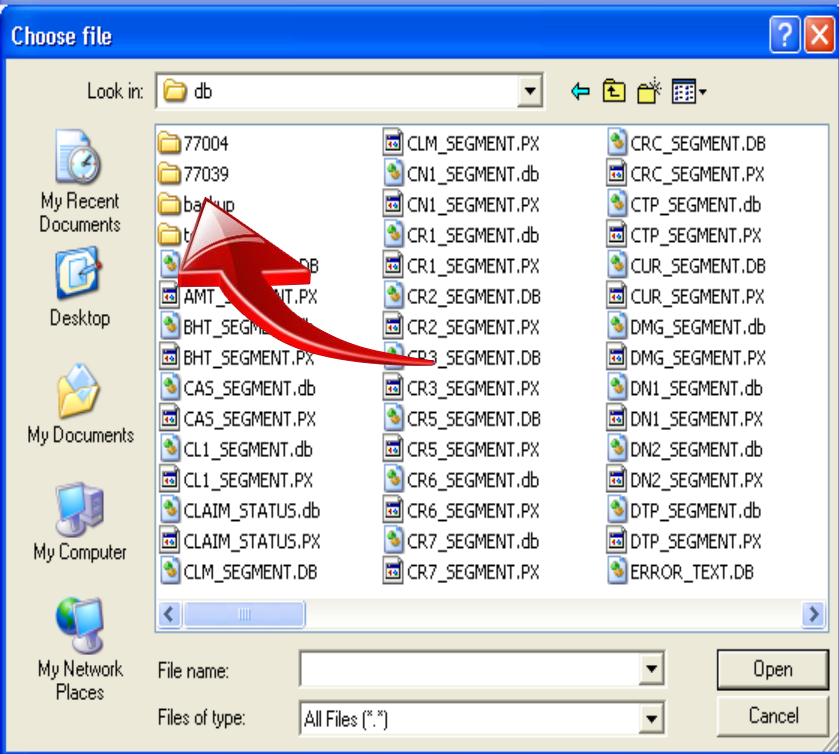
Submitter ID : 7779999

File Path:

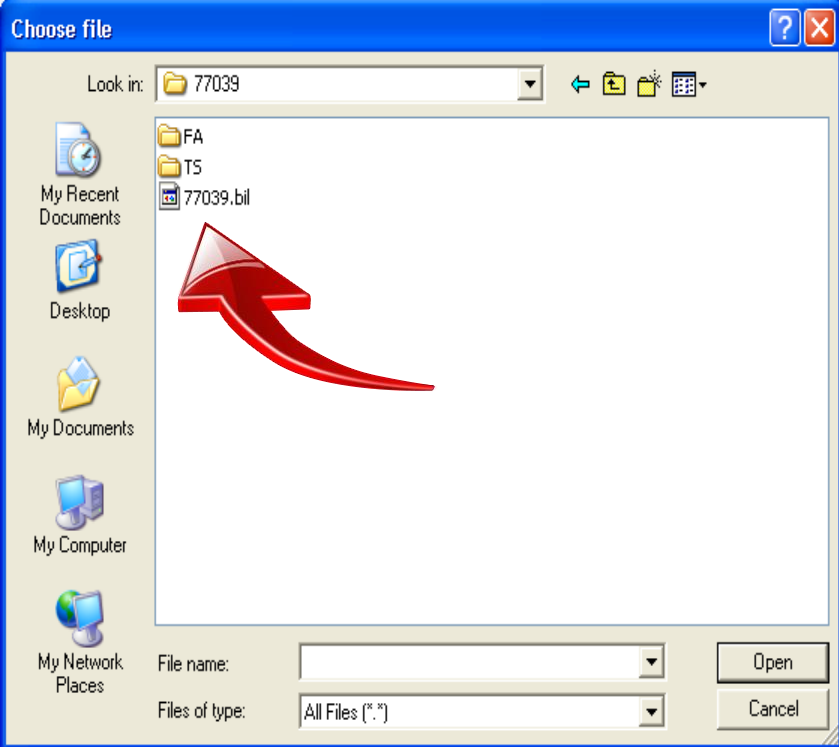
Browse...

Upload

Clear Fields







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**HOME INQUIRIES SUBMISSIONS RETRIEVALS MANAGE USERS MY ACCESS**

[Home](#) > [Submissions](#) > Upload Files MT DPHHS

## Upload Files

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Submitter ID:

File Path:





# CyberAccess







ACS

## Montana Access to Health Web Portal Home Page

Navigate to any of the functions in the Web portal by clicking the following links or by using the top navigation bar. For information about each function, click the corresponding column header. Click on 'My Profile,' located in the 'My Access' section, to display your current Montana Access to Health Web Portal profile. You will be able to perform only those tasks allowed by the user privileges assigned to you.

### Site Contents

Inquiries	Submissions	Retrievals	Manage Users	My Access
<a href="#">Eligibility</a>	<a href="#">Upload Files</a>	<a href="#">View/Download Files</a>	<a href="#">Add New User to Organization</a>	<a href="#">My Profile</a>
<a href="#">Claim Status</a>		<a href="#">View e!SOR Reports</a>	<a href="#">Add Existing User to Organization</a>	<a href="#">Change Organization</a>
<a href="#">Provider Payment Summary</a>		<a href="#">My Inbox</a>	<a href="#">Update or Remove Users/Reset Password</a>	<a href="#">Change Password</a>
<a href="#">Claims-based Medical History</a>			<a href="#">Manage Submitter IDs</a>	<a href="#">Manage Proxies</a>
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Patient Id

(required)

Birth date

(mm/dd/yyyy)

(or)

Last Name

**News And Alerts**Children's Medicaid is Healthy Montana Kids *Plus* effective October 1, 2009.[Department of Health and Human Service Website](#)[Drug Effectiveness Review Project \(DERP\)](#)[FDA drug link](#)A B C D E F G H I J K L M N O  
P Q R S T U V W X Y Z (All)



[Logout](#)**CyberAccess**[Home](#) [My Account](#) [Message Center\(o\)](#)**ACS, A Xerox Company**Current Site ACS, A Xerox Company**Welcome, Denise Juvik****Site Patients**A B C D E F G H I J K L M N O  
P Q R S T U V W X Y Z (ALL)**Search For A Patient**

Patient Id

100000001

(required)

Birth date

01/01/1900

(mm/dd/yyyy)


(or)

Last Name

**News And Alerts**Children's Medicaid is Healthy Montana Kids *Plus* effective October 1, 2009.[Department of Health and Human Service Website](#)[Drug Effectiveness Review Project \(DERP\)](#)[FDA drug link](#)

[Logout](#)**CyberAccess**[Home](#) > [Patient Info](#) > [Demographics](#)

Patient info For - Dock, Water

 [Print Patient Profile](#) [Check Drug/e-Prescribe Drug](#)[Home](#) [Patient Info](#) [Drug History](#) [Medical History](#) [Message Center\(0\)](#)[Demographics](#)[Review Profile](#)**ACS, A Xerox Company****Montana Medicaid Demographics**

Last Name:	Dock	Address	111 Main St
First Name:	Water		Apt #4
Middle Initial:			Sea Side, MT 50000
Date of Birth:	01/01/1900		
Gender:	M		
Phone #:			
Medicaid ID:	100000001		

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## ACS, A Xerox Company



## ACS State Healthcare, LLC. Patient Profile Report

**WARNING MESSAGE – Under Federal and State legal authorities,  
select health care data information may not be displayed.**

## Patient Demographics

Patient Name: Dock, Water Gender: M  
Patient ID: 100000001 Date of Birth: 01/01/1900

## Alert Message For Paid Drug Claims

Alert Key	Message
-----------	---------

## Paid Drug Claims Sorted by Therapeutic Class

Class	Service Date	Drug Name	Qty	Days	Refill	Alerts	Phys	Pharm
Alpha-Adrenergic Blocking Agents								
	11/19/2010	PRAZOSIN 2 MG CAPSULE	90	30	00		B	A
	10/22/2010	PRAZOSIN 2 MG CAPSULE	90	30	00		B	A
	9/28/2010	PRAZOSIN 2 MG CAPSULE	90	30	00		B	A
	9/2/2010	PRAZOSIN 2 MG CAPSULE	90	30	00		B	A

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Patient info For - Dock, Water

[Print Patient Profile](#) [Check Drug/e-Prescribe Drug](#)[Home](#) [Patient Info](#) [Drug History](#) [Medical History](#) [Message Center\(0\)](#)**ACS, A Xerox Company**

1 of 10 100% Find | Next Select a format Export

**ACS State Healthcare, LLC. Patient Profile**

Select a format

- XML file with report data
- CSV (comma delimited)
- TIFF file
- Acrobat (PDF) file
- Web archive
- Excel

**WARNING MESSAGE – Under Federal and State legal authorities,  
select health care data information may not be displayed.**

**Patient Demographics**

Patient Name: Dock, Water

Gender: M

Patient ID: 100000001

Date of Birth: 01/01/1900

**Alert Message For Paid Drug Claims**

Alert Key Message

**Paid Drug Claims Sorted by Therapeutic Class**

Class	Service Date	Drug Name	Qty	Days	Refill	Alerts	Phys	Pharm
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Alpha-Adrenergic Blocking Agents

11/19/2010 BPA70SIN 2 MG CAPSULE

90

30

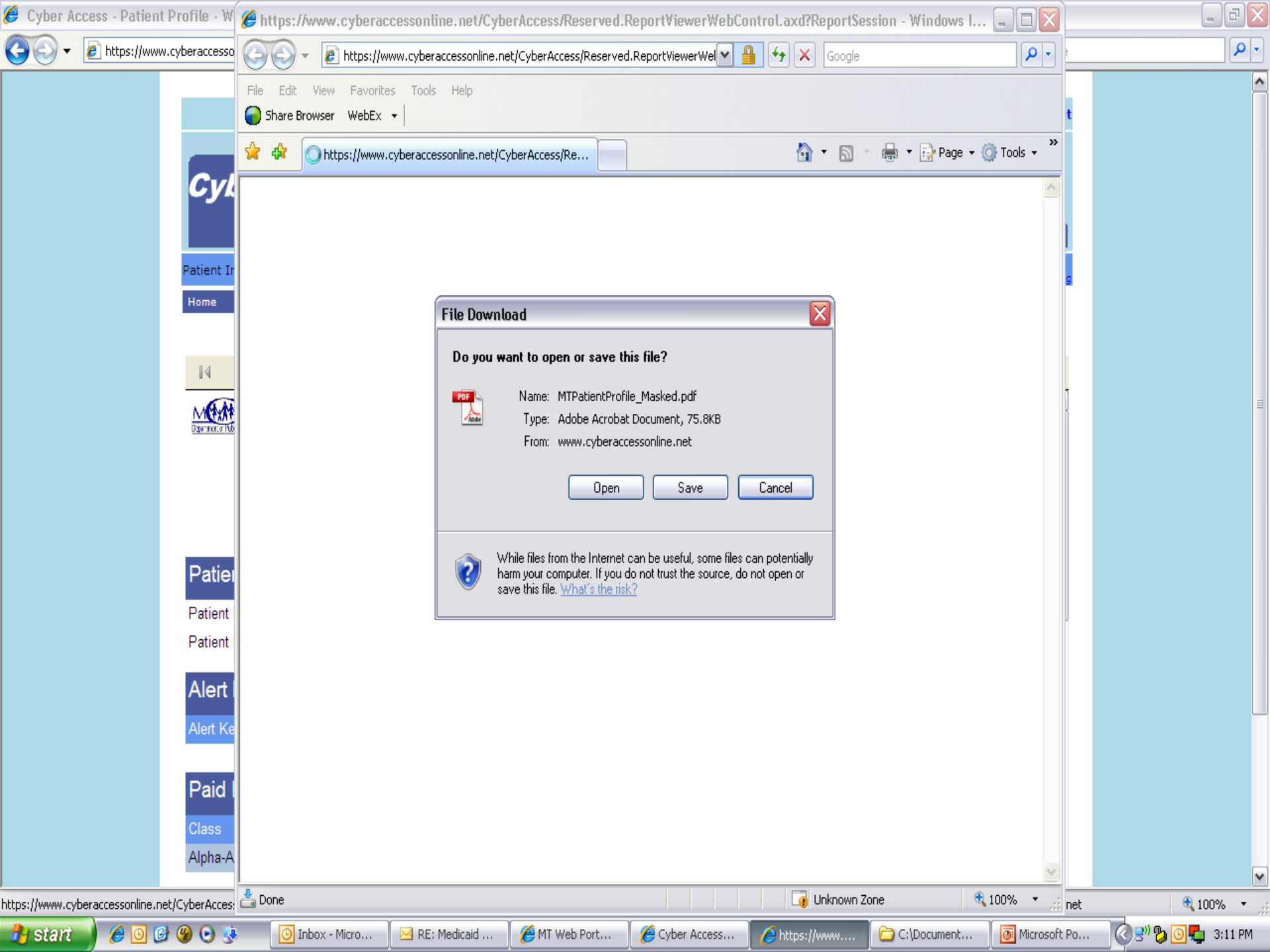
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## ACS State Healthcare, LLC. Patient Profile Report

WARNING MESSAGE – Under Federal and State legal authorities,  
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## Patient Demographics

Patient Name: Dock, Water Gender: M  
Patient ID: 100000001 Date of Birth: 01/01/1900

## Alert Message For Paid Drug Claims

Alert Key	Message
-----------	---------

## Paid Drug Claims Sorted by Therapeutic Class

Class	Service Date	Drug Name	Qty	Days	Refill	Alerts	Phys
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## Alpha-Adrenergic Blocking Agents

	11/19/2010	PRAZOSIN 2 MG CAPSULE	90	30	00		B
	10/22/2010	PRAZOSIN 2 MG CAPSULE	90	30	00		B
	9/28/2010	PRAZOSIN 2 MG CAPSULE	90	30	00		B
	9/2/2010	PRAZOSIN 2 MG CAPSULE	90	30	00		B
	10/6/2009	PRAZOSIN 2 MG CAPSULE	102	34	00		C
	8/17/2009	PRAZOSIN 2 MG CAPSULE	68	34	00		C

## Analgesics and Antipyretics

	10/22/2010	NAPROXEN SODIUM 550 MG TAB	20	10	00		D
	5/17/2010	NAPROXEN SODIUM 550 MG TAB	20	10	00		D
	1/28/2009	ACETAMINOPHEN-COD #3 TABLET	10	3	00		E

## Antibiotics

	1/16/2011	AMOXICILLIN 500 MG CAPSULE	60	30	00		A
	12/5/2010	AMOXICILLIN 500 MG CAPSULE	60	30	00		A
	11/17/2010	PENICILLIN VK 500 MG TABLET	21	7	00		F
	10/22/2010	AMOXICILLIN 500 MG CAPSULE	60	30	00		A

## Diagnoses

Code

27651

78703

V600

V5883

8054

78652

71945

7804

37515

78963

7810

9219

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Patient info For - Dock, Water

 [Print Patient Profile](#) [Check Drug/e-Prescribe Drug](#)[Home](#)   [Patient Info](#) >   [Drug History](#) >   [Medical History](#) >   [Message Center\(0\)](#)[Claims](#)[PA's on File](#)**ACS, A Xerox Company****Montana Medicaid Demographics**

Last Name:	Dock	Address	111 Main St
First Name:	Water		Apt #4
Middle Initial:			Sea Side, MT 50000
Date of Birth:	01/01/1900		
Gender:	M		
Phone #:			
Medicaid ID:	100000001		

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## Physicians

Physician Code	Physician Name
A	TODD B WAMPLER MD
B	CHARLES J TUPPER M.D.
C	not available
C	not available
D	ANDREW C MICHEL MD
E	MARK B RABOLD MD
F	THOMAS J RUDOLPH
G	CUNNINGHAM, KARI MICHELLE, APRN
H	HEATHER MCREE DO
I	ANDREW J CARTER
J	WESSEL, KATY JOANNE, DO

## Pharmacy Claims

02/16/2011	LAMOTRIGINE 200 MG TABLET	30	30	0001 Anticonvulsants	B	A
02/16/2011	SEROQUEL 300 MG TABLET	60	30	0001 Psychotherapeutic Agents	B	A
01/24/2011	LAMOTRIGINE 200 MG TABLET	30	30	0000 Anticonvulsants	B	A
01/24/2011	LITHIUM CARBONATE 300 MG CAP	150	25	0000 Antimanic Agents	B	A
01/24/2011	SEROQUEL 300 MG TABLET	60	30	0000 Psychotherapeutic Agents	B	A
01/16/2011	AMOXICILLIN 500 MG CAPSULE	60	30	0004 Antibiotics	A	A
12/19/2010	SEROQUEL 300 MG TABLET	60	30	0000 Psychotherapeutic Agents	B	A
12/05/2010	AMOXICILLIN 500 MG CAPSULE	60	30	0003 Antibiotics	A	A
11/24/2010	FENOFIBRATE 160 MG TABLET	30	30	0000 Antilipemic Agents	A	A
11/19/2010	PRAZOSIN 2 MG CAPSULE	90	30	0000 Alpha-Adrenergic Blocking Agents	B	A
11/19/2010	LAMOTRIGINE 200 MG TABLET	30	30	0000 Anticonvulsants	B	A
11/19/2010	LITHIUM CARBONATE 300 MG CAP	150	30	0000 Antimanic Agents	B	A
11/19/2010	SEROQUEL 300 MG TABLET	60	30	0000 Psychotherapeutic Agents	B	A
11/17/2010	PENICILLIN VK 500 MG TABLET	21	7	0000 Antibiotics	F	A
10/22/2010	AMOXICILLIN 500 MG CAPSULE	60	30	0002 Antibiotics	A	A
10/22/2010	PRAZOSIN 2 MG CAPSULE	90	30	0000 Alpha-Adrenergic Blocking Agents	B	A
10/22/2010	LAMOTRIGINE 200 MG TABLET	30	30	0000 Anticonvulsants	B	A



Logout

**CyberAccess**

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Patient info For - Dock, Water

 Print Patient Profile

 Check Drug/e-Prescribe Drug

Home Patient Info ▶ Drug History ▶ Medical History ▶ Message Center(0)

Procedures  
Diagnoses


**ACS, A Xerox Company**

### Montana Medicaid Demographics

Last Name:	Dock	Address	111 Main St
First Name:	Water		Apt #4
Middle Initial:			Sea Side, MT 50000
Date of Birth:	01/01/1900		
Gender:	M		
Phone #:			
Medicaid ID:	100000001		

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Patient info For - Dock, Water

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## ACS, A Xerox Company Procedures

WARNING MESSAGE ☐ Under Federal and State legal authorities, select health care data information may not be displayed.

Description	Code	First Date	Last Date
+ OFFICE OUTPT EST 10 MIN	99212	02/02/2007	01/27/2011
+ CLINIC	510-R	09/24/2010	01/25/2011
+ OFFICE OUTPT EST15 MIN	99213	08/09/2006	01/24/2011
+ THERAPEUTIC BEHAVIORAL SERVICES PER 15 MINUTES	H2019	05/15/2006	01/12/2011
+ CASE MANAGEMENT EACH 15 MINS	T1016	05/10/2006	01/10/2011
+ CASE MANAGEMENT; PER MONTH	T2022	01/01/2010	01/01/2011
+ COORD CARE FEE PHYS COORDD CARE OVRSIGHT SRVC	G9008	07/01/2006	01/01/2011
+ IADNA NEISSERIA GONORRHOEAE AMP PRB	87591	12/14/2010	12/14/2010
+ IADNA CHLAMYDIA TRACHOMATIS AMP PRB	87491	12/14/2010	12/14/2010
+ URNLS DIP STICK/TABLET RGNT AUTO MIC	81001	11/12/2006	12/14/2010
+ LAB/UROLOGY	307-R	10/20/2010	12/14/2010
+ LAB/BACT-MICRO	306-R	12/14/2010	12/14/2010
+ IPI-OB-M/S OFFICE 20-30 MIN MEDICAL E/M	90805	06/19/2006	11/29/2010
+ EMER DEPT MODERATE SEVERITY	99283	06/14/2006	11/23/2010
+ EMER DEPT LOW TO MODERATE SEVERITY	99282	08/06/2006	11/23/2010
+ EMERG ROOM	450-R	10/20/2010	11/23/2010
+ INFLUENZA VIRUS VACCINE SPLIT VIRUS 3 YEARS + IM	90658	10/30/2008	10/28/2010
+ URNLS DIP STICK/TABLET RGNT AUTO W/O MIC	81003	12/15/2006	10/25/2010
+ LAB	300-R	10/25/2010	10/25/2010
+ INJECTION KETOROLAC TROMETHAMINE PER 15 MG	J1885	01/13/2007	10/22/2010
+ THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	96372	10/22/2010	10/22/2010
+ DUP-SCAN ARTL FLO ABDL/PEL/SCROT+/RPR ORGN LMTD	93976	10/22/2010	10/22/2010
+ US SCROTUM+CNTS	76870	10/22/2010	10/22/2010

Patient info For - Dock, Water

Print Patient Profile

Check Drug/e- Prescribe Drug

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## ACS, A Xerox Company

### Procedures

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+	CLINIC	510-R	09/24/2010	01/25/2011	
-	OFFICE OUTPT EST15 MIN	99213	08/09/2006	01/24/2011	
	Claim #	Start Date	End Date	Provider	Place Of Service
	210000001000000000	10/03/2010	10/03/2010	CASSIE A SEARLE PA-C	
	210000002000000000	10/25/2010	10/25/2010	TODD B WAMPLER MD	
	210000003000000000	10/25/2010	10/25/2010	ST PETERS HOSPITAL	
	210000004000000000	01/01/2011	01/01/2011	KARI M CUNNINGHAM FNP	
	210000005000000000	01/07/2011	01/07/2011	TODD B WAMPLER MD	
	210000006000000000	01/07/2011	01/07/2011	ST PETERS HOSPITAL	
	210000007000000000	01/24/2011	01/24/2011	AWARE INC (MD)	
+	THERAPEUTIC BEHAVIORAL SERVICES PER 15 MINUTES	H2019	05/15/2006		01/12/2011
+	CASE MANAGEMENT EACH 15 MINS	T1016	05/10/2006		01/10/2011
+	CASE MANAGEMENT; PER MONTH	T2022	01/01/2010		01/01/2011
+	COORD CARE FEE PHYS COORDD CARE OVRSGHT SRVC	G9008	07/01/2006		01/01/2011
+	IADNA NEISSERIA GONORRHOEAE AMP PRB	87591	12/14/2010		12/14/2010
+	IADNA CHLAMYDIA TRACHOMATIS AMP PRB	87491	12/14/2010		12/14/2010
+	URNLS DIP STICK/TABLET RGNT AUTO MIC	81001	11/12/2006		12/14/2010
+	LAB/UROLOGY	307-R	10/20/2010		12/14/2010
+	LAB/BACT-MICRO	306-R	12/14/2010		12/14/2010
+	IPI-OB-M/S OFFICE 20-30 MIN MEDICAL E/M	90805	06/19/2006		11/29/2010
+	EMER DEPT MODERATE SEVERITY	99283	06/14/2006		11/23/2010
+	EMER DEPT LOW TO MODERATE SEVERITY	99282	08/06/2006		11/23/2010
+	EMERG ROOM	450-R	10/20/2010		11/23/2010

Patient info For - Dock, Water

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### Procedures

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-	OFFICE OUTPT EST15 MIN	99213	08/09/2006	01/24/2011
Claim #	Start Date	End Date	Provider	Place Of Service
210000001000000000	10/03/2010	10/03/2010	CASSIE A SEARLE PA-C	
210000002000000000	10/25/2010	10/25/2010	TODD B WAMPLER MD	
210000003000000000	10/25/2010	10/25/2010	ST PETERS HOSPITAL	
210000004000000000	01/01/2011	01/01/2011	KARI M CUNNINGHAM FNP	
210000005000000000	01/07/2011	01/07/2011	TODD B WAMPLER MD	
210000006000000000	01/07/2011	01/07/2011	ST PETERS HOSPITAL	
210000007000000000	01/24/2011	01/24/2011	AWARE INC (MD)	
+	THERAPEUTIC BEHAVIORAL SERVICES PER 15 MINUTES	H2019	05/15/2006	01/12/2011
+	CASE MANAGEMENT EACH 15 MINS	T1016	05/10/2006	01/10/2011
+	CASE MANAGEMENT; PER MONTH	T2022	01/01/2010	01/01/2011
+	COORD CARE FEE PHYS COORDD CARE OVRSGHT SRVC	G9008	07/01/2006	01/01/2011
+	IADNA NEISSERIA GONORRHOEAE AMP PRB	87591	12/14/2010	12/14/2010
+	IADNA CHLAMYDIA TRACHOMATIS AMP PRB	87491	12/14/2010	12/14/2010
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+	EMER DEPT MODERATE SEVERITY	99283	06/14/2006	11/23/2010
+	EMER DEPT LOW TO MODERATE SEVERITY	99282	08/06/2006	11/23/2010
+	EMERG ROOM	450-R	10/20/2010	11/23/2010



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<a href="#">Eligibility</a>	<a href="#">Upload Files</a>	<a href="#">View/Download Files</a>	<a href="#">Add New User to Organization</a>	<a href="#">My Profile</a>
<a href="#">Claim Status</a>		<a href="#">View e!SOR Reports</a>	<a href="#">Add Existing User to Organization</a>	<a href="#">Change Organization</a>
<a href="#">Provider Payment Summary</a>		<a href="#">My Inbox</a>	<a href="#">Update or Remove Users/Reset Password</a>	<a href="#">Change Password</a>
<a href="#">Claims-based Medical History</a>			<a href="#">Manage Submitter IDs</a>	<a href="#">Manage Proxies</a>
<a href="#">Electronic Health Record</a>				
<a href="#">Ask Provider Relations</a>				
<a href="#">Provider Locator</a>				

**ATTENTION PROVIDERS:** The Electronic Health Record link has been added to allow you to view your patients' claims medical history. If you need this access and do not have it, please contact your office administrator. E-prescribing is now available. Please contact your office administrator to add prescribing rights to your user account.

You've logged into the organization displayed under the navigation bar on the right. This organization will be used to determine the Provider Number and Submitter IDs you can use for your transactions (i.e., Inquiries, Submissions and Retrievals). To change this organization, click 'Change Organization' and follow the instructions.





Montana's Official State Website

DEPARTMENT OF PUBLIC HEALTH &amp; HUMAN SERVICES

Montana Access to Health Web Portal

[Exit](#) | [Help](#)[HOME](#) [INQUIRIES](#) [SUBMISSIONS](#) [RETRIEVALS](#) [MANAGE USERS](#) [MY ACCESS](#)[Home](#) > [Inquiries](#) > [Claim Status Inquiry](#) > Claim Detail

MT DPHHS

## Claim Detail



### Claim Data

Status Information  
Effective Date: 02/23/2011 ICN/TCN: 21000000100000000  
Status Category Code: F1: Finalized/Payment-The claim/line has been paid.  
Status: 1: For more detailed information, see remittance advice.  
Service Period: From 10/22/2010 To 10/22/2010

Bill Type Identifier: Patient Account Number or Trace Number: B111PT2  
Charged Amount: \$ 1,115.69 Adjudication or Payment Date: 11/08/2010  
Payment Amount: \$ 318.70 Check Issue or EFT Effective Date: 11/15/2010

### Provider Data

NPI or Provider Number: 123456789  
Name or Servicing Organization: NOT AVAILABLE

### Client Data

Name: Water Dock Client ID: 100000001  
Date of Birth: 01/01/1900 Gender: M

### Payer Data


Name: Montana Medicaid  
Identification: 77039

### Line Item Detail Data

1. HC: Health Care Financing

[Logout](#)**CyberAccess**

Patient info For - Dock, Water

 [Print Patient Profile](#) [Check Drug/e- Prescribe Drug](#)[Home](#) [Patient Info](#) [Drug History](#) [Medical History](#) [Message Center\(0\)](#)

## ACS, A Xerox Company Diagnoses

WARNING MESSAGE ☐ Under Federal and State legal authorities, select health care data information may not be displayed.

Description	Code	First Date	Last Date
+ FCE NCK+SCLP NO EYE ABRAS/FRIC BURN W/O INF	9100	01/27/2011	01/27/2011
+ ACUTE URIS OF UNSPECIFIED SITE	4659	06/14/2006	01/25/2011
+ SCHIZOAFFECTIVE DISORDER UNSPECIFIED	29570	07/21/2005	01/24/2011
+ UNSPECIFIED PERSONALITY DISORDER	3019	02/01/2008	01/10/2011
+ UNSPECIFIED DENTAL CARIES	52100	01/07/2011	01/07/2011
+ OTHER UNKNOWN+UNSPEC CAUSE MORBIDITY/MORTALITY	7999	05/01/2006	01/01/2011
+ SWELLING MASS OR LUMP IN HEAD AND NECK	7842	11/19/2010	01/01/2011
+ DYSURIA	7881	10/25/2010	12/14/2010
+ OTHER SPECIFIED DISORDER OF PENIS	60789	12/14/2010	12/14/2010
+ NONSPECIFIC ABNORMAL RESULTS LIVR FUNCTION STUDY	7948	11/13/2008	12/01/2010
+ OTHER AND UNSPECIFIED HYPERLIPIDEMIA	2724	01/29/2009	12/01/2010
+ UNSPECIFIED DISORDER TEETH+SUPPORTING STRUCTURES	5259	11/17/2010	11/23/2010
+ JAW PAIN	78492	11/17/2010	11/17/2010
+ OBESITY, UNSPECIFIED	27800	02/08/2010	11/15/2010
+ NEED PROPHYLACTIC VACCINATION+INOCULATION FLU	V0481	10/30/2008	10/28/2010
+ CONTUSION OF GENITAL ORGANS	9224	10/20/2010	10/22/2010
+ UNSPECIFIED DISORDER OF MALE GENITAL ORGANS	6089	10/22/2010	10/22/2010
+ OTHER SPECIFIED DISORDER OF MALE GENITAL ORGANS	60889	10/22/2010	10/22/2010



Patient info For - Dock, Water

Print Patient Profile

Check Drug/e- Prescribe Drug

[Home](#) [Patient Info](#) [Drug History](#) [Medical History](#) [Message Center\(0\)](#)

## ACS, A Xerox Company

### Diagnoses

**WARNING MESSAGE** ☐ Under Federal and State legal authorities, select health care data information may not be displayed.

Description	Code	First Date	Last Date										
FCE NCK+SCLP NO EYE ABRAS/FRIC BURN W/O INF	9100	01/27/2011	01/27/2011										
<table><tr><th>Claim #</th><th>Start Date</th><th>End Date</th><th>Provider</th><th>Place Of Service</th></tr><tr><td>21000000100000000</td><td>01/27/2011</td><td>01/27/2011</td><td>TODD B WAMPLER MD</td><td></td></tr></table>				Claim #	Start Date	End Date	Provider	Place Of Service	21000000100000000	01/27/2011	01/27/2011	TODD B WAMPLER MD	
Claim #	Start Date	End Date	Provider	Place Of Service									
21000000100000000	01/27/2011	01/27/2011	TODD B WAMPLER MD										
ACUTE URIS OF UNSPECIFIED SITE	4659	06/14/2006	01/25/2011										
SCHIZOAFFECTIVE DISORDER UNSPECIFIED	29570	07/21/2005	01/24/2011										
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SWELLING MASS OR LUMP IN HEAD AND NECK	7842	11/19/2010	01/01/2011										
DYSURIA	7881	10/25/2010	12/14/2010										
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OBESITY, UNSPECIFIED	27800	02/08/2010	11/15/2010										
NEED PROPHYLACTIC VACCINATION+INOCULATION FLU	V0481	10/30/2008	10/28/2010										
CONTUSION OF GENITAL ORGANS	9224	10/20/2010	10/22/2010										
UNSPECIFIED DISORDER OF MALE GENITAL ORGANS	6089	10/22/2010	10/22/2010										
OTHER SPECIFIED DISORDER OF MALE GENITAL ORGANS	60889	10/22/2010	10/22/2010										
OTHER STRIKING AGAINST W/WO SUBSEQUENT FALL	E9179	10/20/2010	10/20/2010										
NONDEPENDENT TOBACCO USE DISORDER	3051	11/30/2008	10/20/2010										
	462	02/02/2007	10/03/2010										

